

**FORM  
INSP**Rev  
X/15**State of Colorado  
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

06/05/2020

Submitted Date:

06/07/2020

Document Number:

700401865**FIELD INSPECTION FORM**Loc ID 315070 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 16700Name of Operator: CHEVRON USA INCAddress: 100 CHEVRON ROADCity: RANGELY State: CO Zip: 81648**Status Summary:**

- ☒ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM  
PREVIOUS INSPECTIONS THAT HAVE NOT  
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

| Contact Name   | Phone | Email            | Comment |
|----------------|-------|------------------|---------|
| Sanford, Anita |       | atlx@chevron.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 230211      | WELL | PR     | 12/04/1976  | OW         | 103-07870 | FEE 101X      | PR          |

**General Comment:**

On 6-5-2020 inspector Rick Moran conducted a follow up inspection at Chevron well Fee 101X in Rio Blanco county of FIR document 7004001768.

The following compliance issues were resolved:

- 1) "911" was added to wellhead sign.

This is a summary of inspection report 700401865.

**Location**Overall Good: ☒

|                      |            |       |  |
|----------------------|------------|-------|--|
| <b>Signs/Marker:</b> |            |       |  |
| Type                 | CONTAINERS |       |  |
| Comment:             |            |       |  |
| Corrective Action:   |            | Date: |  |
| Type                 | WELLHEAD   |       |  |
| Comment:             |            |       |  |
| Corrective Action:   |            | Date: |  |

Emergency Contact Number:

Comment: 911

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☒

|                |      |        |  |  |
|----------------|------|--------|--|--|
| <b>Spills:</b> |      |        |  |  |
| Type           | Area | Volume |  |  |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

|                           |                     |       |                 |
|---------------------------|---------------------|-------|-----------------|
| <b>Equipment:</b>         |                     |       | corrective date |
| Type: Ancillary equipment | # 1                 |       |                 |
| Comment:                  | Chemical container. |       |                 |
| Corrective Action:        |                     | Date: |                 |
| Type: Deadman # & Marked  | # 6                 |       |                 |
| Comment:                  |                     |       |                 |
| Corrective Action:        |                     | Date: |                 |
| Type: Submersible Pump    | # 1                 |       |                 |
| Comment:                  |                     |       |                 |
| Corrective Action:        |                     | Date: |                 |

**Venting:**

|                    |    |       |  |
|--------------------|----|-------|--|
| Yes/No             | NO |       |  |
| Comment:           |    |       |  |
| Corrective Action: |    | Date: |  |

**Flaring:**

|                    |  |       |
|--------------------|--|-------|
| Type               |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

|                             |            |                       |            |                  |
|-----------------------------|------------|-----------------------|------------|------------------|
| <b>Inspected Facilities</b> |            |                       |            |                  |
| Facility ID: 230211         | Type: WELL | API Number: 103-07870 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>       |            |                       |            |                  |
| Comment:                    | PR         |                       |            |                  |
| Corrective Action:          |            |                       |            | Date:            |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**Reclamation - Storm Water - Pit****Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs                          | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| Berms            | Pass            |                         |                       | Material Handling And Spill Prevention | Pass                     |         |

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description      | URL   |
|--------------|------------------|---|
| 700401873    | inspection photo | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5167972">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5167972</a> |