

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402463887

Date Received:

08/11/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 16700

Name of Operator: CHEVRON USA INC

Address: 100 CHEVRON ROAD

City: RANGELY State: CO Zip: 81648

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Olson, Andrew</u>		<u>andrewolson@chevron.com</u>
<u>Patterson, Chris</u>		<u>spwu@chevron.com</u>
<u>Sandford, Anita</u>		<u>atlx@chevron.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696201600

Inspection Date: 07/31/2020

FIR Submit Date: 08/03/2020

FIR Status: _____

Inspected Operator Information:

Company Name: CHEVRON USA INC

Company Number: 16700

Address: 100 CHEVRON ROAD

City: RANGELY State: CO Zip: 81648

LOCATION - Location ID: 383262

Location Name: SKINNER RIDGE-65S98W Number: 36SESW County: _____

Qtrqr: SESW Sec: 36 Twp: 5S Range: 98W Meridian: 6

Latitude: 39.565706 Longitude: -108.340984

FACILITY - API Number: 05-045-00 Facility ID: 383262

Facility Name: SKINNER RIDGE-65S98W Number: 36SESW

Qtrqr: SESW Sec: 36 Twp: 5S Range: 98W Meridian: 6

Latitude: 39.565706 Longitude: -108.340984

CORRECTIVE ACTIONS:

1 CA# 140932

Corrective Action: Comply with 1004.e and conduct weed management.

Date: 08/10/2020

Response: CA COMPLETED

Date of Completion: 08/06/2020

Operator Comment: CA completed through the Chevron Work Order System. All musk thistle and Mullen plants were removed, placed in trash bags and are disposed of. Area also sprayed.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: CA completed through the Chevron Work Order System. . All musk thistle and Mullen plants were removed, placed in trash bags and are disposed of. Area also sprayed.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Chris Patterson

Signed: _____

Title: HSE Specialist

Date: 8/11/2020 10:51:09 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number	Description
402463903	Photo
402463904	Photo

Total Attach: 2 Files