

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:
402790658

Date Received:
08/25/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 CAs from the FIR responded to on this Form

2 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>Sanford, Anita</u>	<u>(970) 675-3842</u>	<u>atlx@chevron.com</u>
<u>Kellerby, Shaun</u>		<u>shaun.kellerby@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 701101768

Inspection Date: 07/19/2021

FIR Submit Date: 07/26/2021

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: 314801

Location Name: FEE-62N102W Number: 22SWSW County: _____

Qtrqr: SWS Sec: 22 Twp: 2N Range: 102W Meridian: 6
W

Latitude: 40.124840 Longitude: -108.838670

FACILITY - API Number: 05-103- -00 Facility ID: 314801

Facility Name: FEE-62N102W Number: 22SWSW

Qtrqr: SWS Sec: 22 Twp: 2N Range: 102W Meridian: 6
W

Latitude: 40.124840 Longitude: -108.838670

CORRECTIVE ACTIONS:

1 CA# 154176

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a. Immediately to stop and clean up 24 hours to remove free fluids.

Date: 08/27/2021

Response: CA COMPLETED Date of Completion: 08/03/2021

Operator Comment: Equipment has been cleaned and containment has been cleaned.

COGCC Decision: _____

COGCC
Representative:

2 CA# 154177

Corrective Action: Install sign to comply with Rule 610.f.

Date: 08/27/2021

Response: CA COMPLETED

Date of Completion: 08/03/2021

Operator
Comment:

Safety signs have been posted.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: ANITA SANFORD

Signed: _____

Title: REGULATORY TECH.ASSISTANT

Date: 8/25/2021 7:08:45 AM

ATTACHMENT LIST

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

Document Number	Description

Total Attach: 0 Files