

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:
403166234

Date Received:
09/14/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 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: 760 HORIZON DRIVE STE 401

City: GRAND JUNCTION State: CO Zip: 81506

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Patterson, Chris

970-501-5107

Chris.Patterson@scoutep.com

Sanford, Anita

970-620-3390

Anita.Sanford@scoutep.com

RangelyRegulatr@scoutep.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696204065

Inspection Date: 09/12/2022

FIR Submit Date: 09/13/2022

FIR Status: _____

Inspected Operator Information:

Company Name: CHEVRON USA INC

Company Number: 16700

Address: 760 HORIZON DRIVE STE 401

City: GRAND JUNCTION State: CO Zip: 81506

LOCATION - Location ID: 314247

Location Name: CARNEY C T-62N102W Number: 35NWNE County: _____

Qtrqr: NWNE Sec: 35 Twp: 2N Range: 102W Meridian: 6

Latitude: 40.105020 Longitude: -108.808120

FACILITY - API Number: 05-103-00 Facility ID: 314247

Facility Name: CARNEY C T-62N102W Number: 35NWNE

Qtrqr: NWNE Sec: 35 Twp: 2N Range: 102W Meridian: 6

Latitude: 40.105020 Longitude: -108.808120

CORRECTIVE ACTIONS:

1 CA# 164520

Corrective Action: Comply with 605.d

Date: 10/13/2022

Response: CA COMPLETED

Date of Completion: 09/14/2022

Operator Comment: Sign attached to wellhead. Please see Photo Attached

COGCC Decision: _____

COGCC
Representative:

2 CA# 164521

Corrective Action: Comply with 606.a

Date: 09/28/2022

Response: CA COMPLETED

Date of Completion: 09/14/2022

Operator
Comment:

Un-used pipe is staged at location for a project that is be started shortly and is needed.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached PIC

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: Sr. HSE Coordinator

Date: 9/14/2022 1:20:00 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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403166251	PIC
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Total Attach: 1 Files