

**State of Colorado**  
**Energy & Carbon Management Commission**



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403943936

Date Received:

10/02/2024

**FIR RESOLUTION FORM**

**Overall Status:**

**CA Summary:**

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

1 CA Completed  
0 Factual Review Request

**OPERATOR INFORMATION**

ECMC 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

CHEVRON

andrewolson@chevron.com

Kellerby, Shaun

shaun.kellerby@state.co.us

CHEVRON

rbucogccinspectionreports@chevron.onmicrosoft.com

CHEVRON

stephaniebittner@chevron.com

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 713400324

Inspection Date: 09/18/2024

FIR Submit Date: 09/18/2024

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: 336055**

Location Name: SKR-65S98W Number: 36SENW County: \_\_\_\_\_

Qtrqtr: SENW Sec: 36 Twp: 5S Range: 98W Meridian: 6

Latitude: 39.572650 Longitude: -108.340100

**FACILITY - API Number: 05-045-00 Facility ID: 336055**

Facility Name: SKR-65S98W Number: 36SENW

Qtrqtr: SENW Sec: 36 Twp: 5S Range: 98W Meridian: 6

Latitude: 39.572650 Longitude: -108.340100

**CORRECTIVE ACTIONS:**

1 CA# 198892

Corrective Action: Update SOP to prevent this from happening in the future.

Date: 10/02/2024

Response: CA COMPLETED

Date of Completion: 10/02/2024

The Chevron team reviewed the SOP and updated MIT deadlines for Skinner Ridge wells. Producing wells that were TA'd in 2023 for offset to frac preparation have been put back on production and MIT deadlines from

Operator Comment: Injector wells have been updated to meet regulatory requirements. An update to the SOP has been made to withdraw/cancel a Form 42 if a job is pulled from the schedule for any reason.

ECMC Decision: \_\_\_\_\_

ECMC Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions have been completed.

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

Print Name: Dawn Bittner Signed: \_\_\_\_\_

Title: Administrative Assistant Date: 10/2/2024 5:09:08 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files