

**FORM  
INSP**Rev  
05/11**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:

05/11/2016

Document Number:

679901518

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	208225	321852	Welsh, Brian	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 72185Name of Operator: PRODUCTION MANAGEMENT INCAddress: 5000 BUTTE ST #107City: BOULDER State: CO Zip: 80301

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

Contact Name	Phone	Email	Comment
Warren, William	303-449-0557	williamwarren@hotmail.com	
Whiting, Jim	(719) 688-0064	jimwhiting_99@yahoo.com	All Inspections

**Compliance Summary:**QtrQtr: SWNW Sec: 18 Twp: 16S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/28/2015	668603503	IJ	AC	SATISFACTORY			No
05/27/2014	668602697	IJ	SI	SATISFACTORY			No
05/22/2014	668602693	IJ	WK	ACTION REQUIRED			No
04/28/2014	668602564	IJ	AC	ACTION REQUIRED	P		No
06/07/2013	668600895	IJ	AC	SATISFACTORY			No
10/22/2012	663901868	IJ	SI	ALLEGED VIOLATION			Yes
05/06/2011	200310045	RT	AC	SATISFACTORY			No
04/19/2010	200243557	RT	AC	SATISFACTORY			No
05/19/2009	200210937	RT	AC	SATISFACTORY			No
03/27/2008	200129468	MI	AC	SATISFACTORY			No
04/27/2007	200109740	RT	AC	SATISFACTORY		Pass	No
07/20/2006	200094586	RT	AC	SATISFACTORY		Pass	No
04/26/2006	200090214	RT	AC	ACTION REQUIRED		Fail	Yes
07/29/2005	200074937	RT	AC	ACTION REQUIRED		Fail	Yes
06/24/2004	200058254	RT	AC	SATISFACTORY		Pass	No
01/21/2003	200034529	MI	SI	SATISFACTORY		Pass	No
04/01/1999	500140217	SR	PA		P	Pass	No
01/25/1999	500140216	SR	PA		F	Fail	Yes
07/13/1998	500140219	CA	PA		F	Pass	No
06/11/1997	500140215	ID	TA			Pass	No

Inspector Name: Welsh, Brian

01/17/1996	500140218	ID	TA			Fail	Yes
10/20/1994	500140214		TA				Yes

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159088	UIC DISPOSAL	AC	01/21/2003		-	COE TRUST 12B-18 SWD 2	AC	<input type="checkbox"/>
208225	WELL	IJ	09/24/2011	DSPW	017-07160	COE TRUST 12B-18 2	AC	<input checked="" type="checkbox"/>

**Equipment:**

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

**Location**

**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	Dirt road through farm ground		

**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Lease sign by wellhead		

Emergency Contact Number (S/AR): SATISFACTORY

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Good Housekeeping:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Spills:**

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?

**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<b>Equipment:</b>			
Type:	#	Satisfactory/Action Required:	
Comment			
Corrective Action			Date:

<b>Venting:</b>	
Yes/No	YES
Comment	2" tbg vent

<b>Flaring:</b>			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

<b>Predrill</b>			
Location ID:	208225		
Lease Road Adeq.:	Pads:	Soil Stockpile:	
S/AR:			
Corrective Action:	Date:	CDP Num.:	

**Form 2A COAs:**

S/AR:	SATISFACTORY	Comment:	No issues observed
CA:		Date:	

**Wildlife BMPs:**

S/AR:		Comment:	
CA:		Date:	

Comment:	
----------	--

**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name:	Address:
Phone Number:	Cell Phone:

Operator Rep. Contact Information:

Landman Name:	Phone Number:
Date Onsite Request Received:	Date of Rule 306 Consultation:

Request LGD Attendance: \_\_\_\_\_

LGD Contact Information:

Name:	Phone Number:	Agreed to Attend:
-------	---------------	-------------------

Summary of Landowner Issues:

--

Summary of Operator Response to Landowner Issues:

--

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

--

**Facility**

Facility ID: 208225 Type: WELL API Number: 017-07160 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**Inj./Tube: Pressure or inches of Hg -5" HG  
(e.g. 30 psig or -30" Hg)

Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

Inj Zone: STLSP

TC: Pressure or inches of Hg 0 PSIG

Previous Test Pressure \_\_\_\_\_ Last MIT: 05/27/2014

Brhd: Pressure or inches of Hg \_\_\_\_\_

Previous Test Pressure \_\_\_\_\_ AnnMTReq: NO

Comment: CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ -5" HG

Method of Injection: GRAVITY FEED

Test Type: \_\_\_\_\_

Tbg psi: \_\_\_\_\_

Csg psi: \_\_\_\_\_

BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Proximity to Surface Water: \_\_\_\_\_ Depth to Ground Water: \_\_\_\_\_

**Water Well:**

Lat \_\_\_\_\_ Long \_\_\_\_\_

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_

**Field Parameters:**

Sample Location: \_\_\_\_\_

Emission Control Burner (ECB): \_\_\_\_\_

Comment: \_\_\_\_\_

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): \_\_\_\_\_

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

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: \_\_\_\_\_

Comment: \_\_\_\_\_

1003a. Waste and Debris removed? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_

CA Date \_\_\_\_\_

Inspector Name: Welsh, Brian

Unused or unneeded equipment onsite? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? \_\_\_\_\_

Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

#### RESTORATION AND REVEGETATION

##### Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

##### Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment: \_\_\_\_\_

#### Overall Interim Reclamation

#### Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: \_\_\_\_\_

Reminder: \_\_\_\_\_

Comment: \_\_\_\_\_

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_ No disturbance /Location never built \_\_\_\_\_

Access Roads Regraded \_\_\_\_\_ Contoured \_\_\_\_\_ Culverts removed \_\_\_\_\_

Gravel removed \_\_\_\_\_

Location and associated production facilities reclaimed \_\_\_\_\_ Locations, facilities, roads, recontoured \_\_\_\_\_

Compaction alleviation \_\_\_\_\_ Dust and erosion control \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_ Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_ Subsidence \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_ Well Release on Active Location ☐ Multi-Well Location ☐

Inspector Name: Welsh, Brian

<b>Storm Water:</b>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Other	Pass			
S/A/V: SATISFACTOR                      Corrective Date: _____						
Y _____						
Comment: <span style="border: 1px solid red; color: red;">Location and access are farmed over</span>						
CA: _____						
<b>Pits:</b> <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						