

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:
08/05/2016
Document Number:
685500378
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>208816</u>	<u>322020</u>	<u>MONTOYA, JOHN</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>17320</u>
Name of Operator:	<u>CITY & COUNTY OF DENVER</u>
Address:	<u>8500 PENA BLVD RM 9870</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80249</u>

- 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
Alonzo, Francisco		francisco.alonzo@flydenver.com	
Koehler, Bob		bob.koehler@state.co.us	
Burn, Diana		diana.burn@state.co.us	

Compliance Summary:

QtrQtr: NESW Sec: 7 Twp: 2S Range: 65W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/14/2016	673901404	IJ	AC	SATISFACTORY			No
07/13/2015	671104290	IJ	AC	SATISFACTORY			No
06/17/2014	671101569	IJ	AC	SATISFACTORY			No
06/20/2013	668300387	IJ	SI	SATISFACTORY	P		No
08/02/2012	667600609	IJ	IJ	SATISFACTORY	P		No
08/10/2011	200318431	MI	SI	ACTION REQUIRED			Yes
08/16/2010	200266769	RT	AC	SATISFACTORY			No
07/07/2009	200214805	RT	AC	SATISFACTORY			No
08/11/2008	200194032	RT	AC	SATISFACTORY			No
07/12/2007	200114631	RT	AC	SATISFACTORY		Pass	No
08/18/2006	200095030	RT	AO	SATISFACTORY		Pass	No
08/30/2005	200075867	MI	AC	SATISFACTORY		Pass	No
08/05/2004	200057767	RT	AC	SATISFACTORY		Pass	No
08/19/2003	200043000	RT	AC	SATISFACTORY		Pass	No
06/26/2002	200028145	RT	AC	SATISFACTORY		Pass	No
07/24/2001	1084297	RT	AC	ACTION REQUIRED		Fail	Yes
09/08/2000	200009535	MI	AC	SATISFACTORY		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150433	UIC ENHANCED RECOVERY	CL	04/25/2005		-	THIRD CREEK JSND WTRFLD	CL
159132	UIC ENHANCED RECOVERY	AC	07/21/2005		-	THIRD CREEK WATERFLOOD	AC
208816	WELL	IJ	09/14/2000	ERIW	031-06399	CHAMPLIN 117 AMOCO A 2	AC

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
Main	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	SE CORNERN 39.53450W- 104.42510		

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

Equipment:			
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Venting:	
Yes/No	NO
Comment	

Flaring:	
Type	Satisfactory/Action Required
Comment:	
Corrective Action:	Correct Action Date:

Predrill

Location ID: 208816

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AR: _____ **Comment:** _____

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: 208816 Type: WELL API Number: 031-06399 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: JSND
TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/02/2012
Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **START WITH PUMP THEN WELL WILL GRAVITY FEED ON IT'S OWN**

Method of Injection: PUMP FEED

Test Type: 5 Year Tbg psi: 0 Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: **START 600 PSI, 5 MIN 600 PSI, 10 MIN 600 PSI, 15 MIN 600 PSI, -0 PASSED**

BradenHead

Comment: **BRADWENHEAD PLUMBED TO SURFACE**

CA: _____

CA Date: _____

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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

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? _____
 CM _____
 CA _____ CA Date _____

Unused or unneeded equipment onsite? _____
 CM _____
 CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____
 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: <input style="width: 95%;" type="text"/>	Date _____
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>
	Multi-Well Location <input type="checkbox"/>

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/A/V: _____ Corrective Date: _____

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments		
Comment	User	Date
UIC AND MIT TEST	montoyaj	08/05/2016

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
685500378	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3921777