

**FORM
INSP**

Rev
X/15

**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:

09/27/2016

Submitted Date:

09/29/2016

Document Number:

680301156

FIELD INSPECTION FORM

Loc ID 313694 Inspector Name: SCHURE, KYM On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Findings:

5 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Operator Information:

OGCC Operator Number: 10203
Name of Operator: BLACK RAVEN ENERGY INC
Address: 165 S UNION BLVD SUITE 410
City: LAKWOOD State: CO Zip: 80228

Contact Information:

Contact Name	Phone	Email	Comment
Wehrer, Gene		gwehrer@enerjexresources.com	
Koehler, Bob		bob.koehler@state.co.us	
Burn, Diana		diana.burn@state.co.us	
Hataway, Billy		bhataway@enerjexresources.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224872	WELL	SI	12/20/1987	ERIW	087-05264	ADENA J SAND UNIT W-43	SI

General Comment:

MIT - UIC/MIT SATISFACTORY Casing pressure before start = 0. Casing pressure @ start = 330 psi. Casing pressure @ 5 min. = 330 psi.
Casing pressure @ 10 min. = 330 psi. Casing pressure @ 15 min. = 330 psi. Loss or Gain = 0. No problems found.
Form 21 attached - Form 42 attached. Operator requested test witness verbally via telephone on 9/23/2016, accepted by Field Inspector Schure. Form 42 waived/accepted prior to FIR due to computer problems on COGCC/COGIS.

Location			
Lease Road:			
Type	Access		
comment:	Two track		
Corrective ActionL		Date:	
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:	ECN Satisfactory		
Corrective Action:		Date:	_____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:	_____		
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Other	#		corrective date
Comment:	No change to surface equipment inventoried		
Corrective Action:		Date:	
Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 224872 Type: WELL API Number: 087-05264 Status: SI Insp. Status: SI

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: 09/29/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: 330 BH psi: _____

Insp. Status: Pass

Comment: Casing held 330 psi. throughtout duration of 15 min. test. Loss or Gain = 0 psi. Test performed to maintain SI status.

Corrective Action: _____ Date: _____

Attached Documents

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

Document Num	Description	URL
680301156	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3964316
680301163	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3964312