

**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:
10/18/2016
Submitted Date:
10/19/2016
Document Number:
685301623

FIELD INSPECTION FORM

Loc ID 320853 Inspector Name: St John, William (Cal) On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 69805
Name of Operator: PETROX RESOURCES INC
Address: P O BOX 2600
City: MEEKER State: CO Zip: 81641

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
Weems, Mark		mark.weems@state.co.us	
Nystrom, Dusty	505-330-1328	nystrw@yahoo.com	All Inspections
Clark, Mike	970-878-5594	mike.petroxcbm@gmail.com	All Inspections
Brown, Walt	970-385-1372	wabrown@fs.fed.us	
Labowskie, Steve		steve.labowskie@state.co.us	COGCC

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205240	WELL	PR	06/13/2002	OBW	007-06118	USA - AMOCO COM AC 1	PR

General Comment:

[Follow-up, MIT, and Braden Head Test.](#)

Location			
Lease Road:			
Type	Access		
comment:			
Corrective ActionL			Date:
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Good Housekeeping:			
Type	DEBRIS		
Comment:	Corrective action completed.		
Corrective Action:			Date:
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Ancillary equipment	# 1		corrective date
Comment:	Wellhead - Corrective action completed.		
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:	Corrective action completed.		
Corrective Action:			Date:
Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:
Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 205240 Type: WELL API Number: 007-06118 Status: PR Insp. Status: PR

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: MIT Test. Well killed by pumping 160 BBLS fresh water down hole. Wireline RIH/W 5.970 guage ring to 2827. RIH/W CIPB to 2850 set plug. Pump 80 BBLS fresh water and pressure up to 445 PSI. Max allowable gain or loss is 44.5 PSI. Initial reading - 445 PSI. 5 Min - 450 PSI. 10 min - 457 PSI. 15 min - 459 PSI. Well gained a total of 14 PSI in the 15 min test passing MIT. Operator will submitt completed Form 21.

Corrective Action: _____

Date: _____

BradenHead

Comment: No Tubing in well. Initial Csg pressure was 310 PSI. Braden Head blew dead in 1 sec. Csg pressure remained 310 PSI through out test. Braden Head remained 0 PSI through out test. Operator will submitt completed Form 17.

Corrective Action: _____

Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass					
Ditches	Pass					
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT