

**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:

11/04/2016

Submitted Date:

11/08/2016

Document Number:

680301340**FIELD INSPECTION FORM**
 Loc ID 312266 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 95620Name of Operator: WESTERN OPERATING COMPANYAddress: 518 17TH ST STE 200City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
James, Steven	(303) 893-2438	s.d.james@att.net	
Koehler, Bob		bob.koehler@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
220282	WELL	SI	10/10/2014	ERIW	075-08404	EMERALD, ROBERT 3-35	SI

General Comment:

FIR performed after reset of packer - MIT performed to verify work and update (5) year UIC date. Casing pressure before start = 0. Casing pressure @ start = 572 psi. Casing pressure @ 5 min. = 565 psi. Casing pressure @ 10 min. = 565 psi. Casing pressure @ 15 min. = 565 psi. Loss or Gain = -7 psi. Satisfactory Test Form 21 attached - Form 42 Doc# 401143456 received.

Location

Lease Road:			
Type	Access		
comment:	Two track - grassland		
Corrective Action	L	Date:	

Overall Good: ☐

Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Satisfactory

Corrective Action: _____ Date: _____

Overall Good: ☐

Spills:					
Type	Area	Volume			

In Containment: No

Comment: _____

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Other	# 0		
Comment:	No change in surface equipment inventoried		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	220282	Type:	WELL	API Number:	075-08404	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <input type="text" value="Reset packer - Performed MIT to update (5) yr. UIC date"/>									
Corrective Action: <input type="text"/> 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	Other	In Process			

Comment: [Use BMP's for stormwater erosion control and management](#)

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PIT**COGCC Comments**

Comment	User	Date
FIR & MIT performed. Reset Packer and update UIC (5) yr. Satisfactory	schureky	11/08/2016

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

Document Num	Description	URL
680301340	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3996883
680301341	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3996816