

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:					
Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:			corrective date
Type: Ancillary equipment	# 1		
Comment: APPROX 40' SOUND WALLS			
Corrective Action:			Date:

Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 434333 Type: WELL API Number: 123-38104 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: ENSIGN 140 Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: YES
 Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: WASTE MANAGEMENT

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 434334 Type: WELL API Number: 123-38105 Status: DG Insp. Status: DG

Facility ID: 434335 Type: WELL API Number: 123-38106 Status: DG Insp. Status: DG

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			Covering Materials	Pass	
				Material Handling And Spill Prevention	Pass	
				Vehicle Tracking	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
NO VIOLATIONS OF COGCC RULES WERE OBSERVED AT THE TIME OF THIS INSPECTION	gomezj	11/22/2016