

**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:

12/16/2016

Submitted Date:

12/16/2016

Document Number:

684902775**FIELD INSPECTION FORM**

Loc ID 421249 Inspector Name: Pesicka, Conor On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10373Name of Operator: NGL WATER SOLUTIONS DJ LLCAddress: 3773 CHERRY CRK NORTH DR #1000City: DENVER State: CO Zip: 80209**Status Summary:**

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

Findings:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Patterson, Joshua	970.356.5560	Joshua.Patterson@nglep.com	VP of Operations

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
421228	WELL	IJ	12/29/2010	DSPW	123-32858	NGL C8A	WK

General Comment:

Inspected FacilitiesFacility ID: 421228 Type: WELL API Number: 123-32858 Status: IJ Insp. Status: WK**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: ADMI

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 12/02/2011

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 0 BH psi: 0Insp. Status: Pass

Comment: MIT on 12/16/16
init: 1900psi
5 min: 1900psi
10 min: 1900psi
15 min: 1900psi
20 min: 1900psi
g/l: -0-psi

Corrective Action: _____ Date: _____

BradenHeadComment: Bradenhead plumbed to surface

Corrective Action: _____ Date: _____

WorkoverComment: Wellhead replacement

Corrective Action: _____ Date: _____