

**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:

12/30/2016

Document Number:

668005063**FIELD INSPECTION FORM**
 Loc ID 322272 Inspector Name: DURAN, JOHN On-Site Inspection ☐ 2A Doc Num:                     
**Operator Information:**OGCC Operator Number: 17210Name of Operator: CINNAMON CREEK OIL & GAS INCAddress: P O BOX 544City: WALSH State: CO Zip: 81090**Status Summary:**

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

**Findings:**5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Mills, Hellen		helening1221@yahoo.com	<a href="#">All Inspections</a>
Mills, Rick	719-324-5630/719-353-2523	walsh000@centurytel.net	<a href="#">All Inspections</a>
Hasty, Tim	(719) 429-3529/ (719) 340-0329	thhasty@gmail.com	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
210095	WELL	PR	07/01/1995	OW	043-40032	CASTAGNA 1	PR

**General Comment:**

**Location**Overall Good: ☒**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
------	------	--------	--	--

In Containment: No

Comment: \_\_\_\_\_

☐ Multiple Spills and Releases?**Fencing/:**

Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	

**Equipment:**

Type: Pump Jack	# 1		corrective date
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Electrical box.		
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:					Date:

**Venting:**

Yes/No			
Comment:			
Corrective Action:			Date:

**Flaring:**

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities				
Facility ID: 210095	Type: WELL	API Number: 043-40032	Status: PR	Insp. Status: PR
Producing Well				
Comment:	PR			
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	Gravel	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT