

**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:  
01/17/2017  
Submitted Date:  
01/17/2017  
Document Number:  
673403979

**FIELD INSPECTION FORM**

Loc ID 313267 Inspector Name: Waldron, Emily 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: 95960  
Name of Operator: WEXPRO COMPANY  
Address: P O BOX 45003  
City: SALT LAKE CITY State: UT Zip: 84145-

**Findings:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Fredrickson, Tammy	307-352-7566	Tammy.Fredrickson@questar.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
283862	WELL	PR	11/29/2006	GW	081-07281	ACE UNT WELL NO 10	PR

**General Comment:**

**Location**

Overall Good:

<b>Signs/Marker:</b>			
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	1-800-341-3129		
Corrective Action:		Date:	_____

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

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

Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Bird Protectors	#		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS

CONDENSATE	2	400 BBLs	HEATED STEEL AST		40.940910,-108.282150		
Comment:							
Corrective Action:						Date:	
<b>Paint</b>							
Condition	Adequate						
Other (Content)							
Other (Capacity)							
Other (Type)							
<b>Berms</b>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Metal	Adequate			Adequate			
Comment:							
Corrective Action:						Date:	
<b>Venting:</b>							
Yes/No	NO						
Comment:							
Corrective Action:						Date:	
<b>Flaring:</b>							
Type							
Comment:							
Corrective Action:						Date:	

**Inspected Facilities**

Facility ID: 283862 Type: WELL API Number: 081-07281 Status: PR Insp. Status: PR

**Producing Well**

Comment:

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

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT