

**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:

01/20/2017

Submitted Date:

01/22/2017

Document Number:

668005135**FIELD INSPECTION FORM**
 Loc ID 422128 Inspector Name: DURAN, JOHN On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 10417Name of Operator: INCREMENTAL OIL & GAS (FLORENCE) LLCAddress: 600 17TH ST SUITE 2625 SOUTHCity: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Whisler, John	720-763-3183/303-862-2822	JWhisler@i-og.net	All Inspections
Hasty, Tim	(719) 429-3529	thhasty@gmail.com	All Inspections
Duggins, Will	720-763-3186/816-244-9497	will@i-og.net	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
422130	WELL	PR	07/19/2011	OW	043-06202	Elliot Ness 22-17	PR

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
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	LOCATION		
Comment:			
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Propane Tank		
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLS	FIBERGLASS AST		,
Comment:					

Corrective Action:		Date:	
Paint			
Condition	Adequate		
Other (Content)			
Other (Capacity)			
Other (Type)			
Berms			
Type	Capacity	Permeability (Wall)	Permeability (Base)
Earth	Adequate	Walls Sufficient	Base Sufficient
Comment:			
Corrective Action:		Date:	
Venting:			
Yes/No	NO		
Comment:	Back Pressure Regulator at wellhead. Engine runs off gas from well.		
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities				
Facility ID: 422130	Type: WELL	API Number: 043-06202	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

Permit:	Facility ID	Permit Num	Expiration Date
	422139	2213059	