

**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:

01/25/2017

Submitted Date:

01/26/2017

Document Number:

681901964**FIELD INSPECTION FORM**
 Loc ID 330267 Inspector Name: HELGELAND, GARY 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:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
GOTTLOB, PAUL	720-420-5747	paul.gottlob@iptenergyservice.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
250960	WELL	IJ	09/14/1995	DSPW	123-18763	NGL C2	IJ

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:	SATISFACTORY		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	SATISFACTORY		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: SATISFACTORY

Corrective Action:

Date: _____

Overall Good: ☐

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 250960 Type: WELL API Number: 123-18763 Status: IJ Insp. Status: IJ**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: LYNS

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 01/21/2013

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 2000 BH psi: 0Insp. Status: PassComment: Found Tubing, Casing and Bradenhead at 0 psi. Put 2000 psi on Casing. Held Casing Pressure for 20 Min with no increase in Tubing pressure.

Corrective Action: _____ Date: _____

BradenHeadComment: Bradenhead is plumed to surface.

Corrective Action: _____ Date: _____

Environmental

Spill/Remediation:

Comment:

Corrective
Action:

Date:

Emission Control Burner (ECB): NO

Comment:

Pilot:

Wildlife Protection Devices (fired vessels):