

FORM
INSPRev
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:

03/03/2017

Submitted Date:

03/03/2017

Document Number:

680401177

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
312538 _____ BROWNING, CHUCK _____ 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: 10539

Name of Operator: SWEVCO - SABW LLC

Address: 36 SOUTH STATE STREET STE 1400

City: SALT LAKE CITY State: UT Zip: 84111

Findings:

4 Number of Comments

0 Number of Corrective Actions

 Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Foutz, Tyson	(505) 320-6275	tsf@utahgascorp.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
221876	WELL	IJ	03/25/2013	DSPW	077-08478	FEDERAL UNIT 4	AC

General Comment:

UIC-5 yr MIT.

Location

Lease Road:			
Type	Main		
comment:			
Corrective Action			Date:
Type	Access		
comment:			
Corrective Action			Date:

Overall Good:

Signs/Marker:			
Type	BATTERY		
Comment:			
Corrective Action:			Date:
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	LOCATION		
Comment:			
Corrective Action:			Date:

Equipment:				corrective date
Type: Deadman # & Marked	# 4			
Comment:				
Corrective Action:				Date:
Type: Prime Mover	# 1			
Comment:	Pump & filters in housing.			
Corrective Action:				Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	1	100 BBLs	STEEL AST		39.313613,-108.932208	
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:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	2	300 BBLs	STEEL AST		39.313613,-108.932208	
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	NO	
Comment:		
Corrective Action:		
		Date:

Flaring:

Type	
Comment:	
Corrective Action:	
	Date:

Inspected Facilities

Facility ID: 221876 Type: WELL API Number: 077-08478 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>ENRD</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>11/20/2012</u>
			AnnMTReq: _____

Comment:

Corrective Action: Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 500 BH psi: 0

Insp. Status: Pass

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
Berms	Pass	Gravel	Pass	Self Inspection	Pass	
Gravel	Pass	Culverts	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT