

**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:

03/03/2017

Submitted Date:

03/03/2017

Document Number:

680401177

FIELD INSPECTION FORM

Loc ID 312538 Inspector Name: BROWNING, CHUCK 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: 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 |
|-----------------|----------------|----------------------------|-----------------|
| Foutz, Tyson | (505) 320-6275 | tsf@utahgascorp.com | |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

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: | <input type="text"/> | | |
| Corrective Action: | <input type="text"/> | | 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: Prime Mover | # 1 | | | | |
| Comment: | Pump & filters in housing. | | | | |
| Corrective Action: | | | | | Date: |
| Type: Deadman # & Marked | # 4 | | | | |
| Comment: | | | | | |
| 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: UIC-5 yr MIT.
Pressure well to 500 psi. Hold for 15 min. Final pressure 500 psi. -0 psi loss. OK
Test witnessed using gauges on wellhead.

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

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|----------------------|---|
| 401224665 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4089882 |