

**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:

03/10/2017

Submitted Date:

03/10/2017

Document Number:

685502167**FIELD INSPECTION FORM**Loc ID 448844 Inspector Name: MONTOYA, JOHN On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10580Name of Operator: EXPEDITION WATER SOLUTIONS COLORADO LLCAddress: 1023 39TH AVENUE SUITE ECity: GREELEY State: CO Zip: 80634**Status Summary:**

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

Findings:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Burn, Diana		diana.burn@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
EWS 4A		wjanes@petrotek.com	ALL INSPECTIONS

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
448843	WELL	DG	01/21/2017		123-44047	EWS 4A	PD

General Comment:

NEW INJECTION WELL MIT FOR UIC WELL

Location**Lease Road:**

Type	Main		
comment:			
Corrective ActionL		Date:	

Overall Good: ☒**Emergency Contact Number:**

Comment:		Date:	
Corrective Action:			

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 Facilities

Facility ID: 448843 Type: WELL API Number: 123-44047 Status: DG Insp. Status: PD

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: _____
TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____
Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: 2500 BH psi: 0

Insp. Status: Pass

Comment: MIT UIC START 2500 PSI, 5 MIN 2500 PSI, 10 MIN 2500 PSI, 15 MIN 2500 PSI, -0
THIS IS A NEW WATER INJECTION WELL

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
MIT FOR NEW UIC WELL, TEST WENT WELL PASSED	montoyaj	03/10/2017