

**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:

04/07/2017

Submitted Date:

04/07/2017

Document Number:

685502397

FIELD INSPECTION FORM

Loc ID 331746 Inspector Name: MONTOYA, JOHN 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: 65110
Name of Operator: O'BRIEN ENERGY RESOURCES CORP
Address: 18 CONGRESS ST STE 207
City: PORTSMOUTH State: NH Zip: 3801-

Findings:

- 3 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Forma, Joe	1-800-291-1969	joeobenergy@aol.com	
Ellsworth, Stuart		stuart.ellsworth@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159224	UIC DISPOSAL	AC	06/23/2008		-	LOST CREEK #11	AC
265349	WELL	SI	03/29/2010	DSPW	123-21237	NORTH LOST CREEK 11	AC

General Comment:

Location			
Lease Road:			
Type	Main		
comment:			
Corrective Action			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	SE CORNER N40.13210 W-104.20720		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	OK		
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type:	Deadman # & Marked	# 4	corrective date
Comment:			
Corrective Action:			Date:
Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:
Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 159224 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 265349 Type: WELL API Number: 123-21237 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 08/12/2013
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>UIC INSPECTION</u>	montoyaj	04/07/2017