

**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: _____
Operator Information:OGCC Operator Number: 65110Name of Operator: O'BRIEN ENERGY RESOURCES CORPAddress: 18 CONGRESS ST STE 207City: PORTSMOUTH State: NH Zip: 3801-**Status Summary:**

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

Findings:3 Number of Comments0 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	L	Date:	

Overall Good: ☒**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: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ 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 FacilitiesFacility ID: 159224 Type: UIC API Number: - Status: AC Insp. Status: ACFacility ID: 265349 Type: WELL API Number: 123-21237 Status: SI Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: JSNDTC: 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

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

Document Num	Description	URL
401253936	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4119041