

**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:

04/25/2017

Submitted Date:

04/25/2017

Document Number:

680401407**FIELD INSPECTION FORM**
 Loc ID 313047 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 10550Name of Operator: MUSTANG RESOURCES LLCAddress: 1660 LINCOLN STREET SUITE 1450City: DENVER State: CO Zip: 80264**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
Couts, Brandon		bcoutts@mustangresourcesllc.com	Field Operations
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
223452	WELL	SI	06/29/2016	OW	081-06818	FEDERAL 5-35	SI

General Comment:

UIC-MIT.

Location**Lease Road:**

Type	Main		
comment:			
Corrective Action		Date:	
Type	Other		
comment:			
Corrective Action		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

			corrective date
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 2		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 223452 Type: WELL API Number: 081-06818 Status: SI Insp. Status: SI**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>LWIS</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>08/25/2016</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 1125 BH psi: 0Insp. Status: PassComment: UIC-MIT. UIC-5 yr MIT.
Pressure well to 1125 psi. Hold for 15 min. Final pressure 1125 psi. -0 psi loss. OK

Corrective Action: _____ Date: _____