



**Location**

**Lease Road:**

	Type Access		
comment:	Access off of CR 7		
Corrective Action:		Date:	

Overall Good:

**Signs/Marker:**

	Type WELLHEAD		
Comment:	Lease sign mounted to pump shed		
Corrective Action:		Date:	
	Type TANK LABELS/PLACARDS		
Comment:	Metal signs by water tanks		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:			
Corrective Action:		Date:	

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

**Equipment:**

			corrective date
Type:	Ancillary equipment # 3		
Comment:	Filter pot and electric transfer pump in metal shed. Electric panel		
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
USED OIL	0	<50 BBLs	PBV PLASTIC		39.673330,-102.233400
Comment:	Removed from location				
Corrective Action:				Date:	

**Paint**

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Comment:						Date:	
Corrective Action:						Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS		
PRODUCED WATER	3	OTHER	FIBERGLASS AST		39.673330,-102.233400		
Comment:		3-750BBL TANKS				Date:	
Corrective Action:						Date:	

**Paint**

Condition						
Other (Content)						
Other (Capacity)	750bbbls					
Other (Type)						

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate			
Comment:						Date:	
Corrective Action:						Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 252995 Type: WELL API Number: 125-06872 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>20 PSIG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>LKTA</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/05/2015</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A LIGHT VACUUM, DIED IMMEDIATELY. TBG IJ @ 20 PSIG

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

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
Gravel	Pass	Gravel				

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT