

FORM  
INSPRev  
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:

05/04/2017

Submitted Date:

05/10/2017

Document Number:

668005405

### FIELD INSPECTION FORM

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection   
307904 \_\_\_\_\_ DURAN, JOHN \_\_\_\_\_ 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: 10369  
 Name of Operator: NATURAL RESOURCE GROUP INC  
 Address: 1789 W LITTLETON BLVD  
 City: LITTLETON State: CO Zip: 80120

**Findings:**

5 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Bacon, Duane	303-545-2620/303-579-6353	energyoilandgas@gmail.com	<a href="#">All Inspections</a>
Laired, Paul	303-419-6005	plaird@diversifiedresources.com	<a href="#">All Inspections</a>
Koehler, Bob		bob.koehler@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
259321	WELL	SI	05/01/2014	DSPW	071-07234	GARCIA 3-5	SI

**General Comment:**

**Location**

Overall Good:

**Signs/Marker:**

	Type WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 80%;" type="text"/>

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

	Type LOCATION		
Comment:			
Corrective Action:		Date:	

**Equipment:**

					corrective date
Type: Ancillary equipment	# 1				
Comment:	Wellhead and black tubing.				
Corrective Action:		Date:			

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 259321 Type: WELL API Number: 071-07234 Status: SI Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: 350

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0</u> psig (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>3</u> psig	Previous Test Pressure _____	Inj Zone: <u>TMPS</u>
Brhd:	Pressure or inches of Hg <u>0</u> psig	Previous Test Pressure _____	Last MIT: <u>07/23/2015</u>
			AnnMTReq: <u>NO</u>

Comment: Passed MiT on (07/23/15).

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	Pass			

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT

**COGCC Comments**

Comment	User	Date
Passed MiT on (07/23/15).	duranj	05/10/2017