

**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:

05/05/2017

Submitted Date:

05/10/2017

Document Number:

668005407**FIELD INSPECTION FORM**

Loc ID 419944 Inspector Name: DURAN, JOHN On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10417Name of Operator: INCREMENTAL OIL & GAS (FLORENCE) LLCAddress: 600 17TH ST SUITE 2625 SOUTHCity: DENVER State: CO Zip: 80202**Status Summary:**

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

**Findings:**7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Goss, Aaron	303-233-2232/303-495-0327	AGoss@austinexploration.com	<a href="#">All Inspections</a>
Harkins, Liz	303-233-2232/719-429-4513	Lharkins@austinexploration.com	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
420013	WELL	PR	06/14/2011	OW	043-06201	MACKINAW 12-28	PR
425150	WELL	PR	07/07/2015	OW	043-06211	King 12-28	PR

**General Comment:**

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign has been updated with New Operator and emergency phone number.		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 719-429-4513/303-495-0327

Corrective Action:

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

Overall Good: ☒

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	LOCATION		
Comment:			
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Pump Jack	# 2		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		
Comment:	Electrical boxes.		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 6		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	2	300 BBLs	FIBERGLASS AST		,	
Comment:						
Corrective Action:						Date:

**Paint**

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

**Berms**

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

**Venting:**

Yes/No			
Comment:			
Corrective Action:	Date:		

**Flaring:**

Type			
Comment:			
Corrective Action:	Date:		

**Inspected Facilities**Facility ID: 420013 Type: WELL API Number: 043-06201 Status: PR Insp. Status: PR**Producing Well**Comment: PR

Corrective Action:

Date:

Facility ID: 425150 Type: WELL API Number: 043-06211 Status: PR Insp. Status: PR**Producing Well**Comment: PR

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

Permit:	Facility ID	Permit Num	Expiration Date
	421870	2524522	