

**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:

668005414

**FIELD INSPECTION FORM**

Loc ID 425246 Inspector Name: DURAN, JOHN On-Site Inspection  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: 10417  
Name of Operator: INCREMENTAL OIL & GAS (FLORENCE) LLC  
Address: 600 17TH ST SUITE 2625 SOUTH  
City: DENVER State: CO Zip: 80202

**Findings:**

- 7 Number of Comments
- 0 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	All Inspections
Harkins, Liz	303-233-2232/719-429-4513	Lharkins@austinexploration.com	All Inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
425247	WELL	PR	11/28/2011	OW	043-06212	Swordfish 13-31	PR

**General Comment:**

**Location**

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign has been updated with new operator and emergency contact number.		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
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	PUMP JACK		
Comment:			
Corrective Action:		Date:	
Type	LOCATION		
Comment:			
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Propane tank.		
Corrective Action:		Date:	

<b>Tanks and Berms:</b>						
Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	1	300 BBLs	FIBERGLASS AST		,	
Comment:	_____					

Corrective Action:	Date:
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**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	NO		
Comment:	Back Pressure Regulator : Engine runs off gas from well.		
Corrective Action:			Date:

**Flaring:**

Type			
Comment:			
Corrective Action:			Date:

**Inspected Facilities**

Facility ID: 425247 Type: WELL API Number: 043-06212 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
	425295	2215827	
	425295	2215827	