

**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:

05/03/2017

Submitted Date:

05/03/2017

Document Number:

681902159**FIELD INSPECTION FORM**
 Loc ID 319592 Inspector Name: HELGELAND, GARY On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 10633Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLCAddress: 1801 CALIFORNIA STREET #2500City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
,		Cogcc.inspections@crestone pr.com	ALL INSPECTIONS

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
243734	WELL	PR	04/05/1997	GW	123-11526	WENZEL 1	PR

General Comment:

LocationOverall Good: ☒

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: #

Comment: [Refer to inspection # 684903090 for information concerning shared battery and equipment.](#)

Corrective Action:

Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS

Comment: [Refer to inspection # 684903090 for information concerning shared battery and equipment.](#)

Corrective Action:

Date:

Paint

Condition

Other (Content)

Other (Capacity)

Other (Type)

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Comment:

Corrective Action:

Date:

Venting:

Yes/No NO

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected FacilitiesFacility ID: 243734 Type: WELL API Number: 123-11526 Status: PR Insp. Status: PR**Cement**Cement ContractorContractor Name: Leed

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: Leed Rig 734 on location. Set 1st CIBP at 8050', dumped 4 Sxs on top. Set 2nd CIBP at 7905', spotted 69 Sxs on top. Set 3rd CIBP at 7,010'. Shot squeeze holes @ 7,000' & 4,400' & Set 1st CICR @ 6,990'. SWI. SDFD.

Corrective Action: _____

Date: _____

BradenHead

Comment: Bradenhead is plumed to surface.

Corrective Action: _____

Date: _____

Environmental**Spill/Remediation:**Comment: Corrective
Action: Date: Emission Control Burner (ECB): NOComment: Pilot: Wildlife Protection Devices (fired vessels): **Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401275278	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4139551