

**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:

05/16/2017

Submitted Date:

05/16/2017

Document Number:

680401494

**FIELD INSPECTION FORM**

Loc ID 316655 Inspector Name: BROWNING, CHUCK 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: 10172  
Name of Operator: BOPCO LP  
Address: PO BOX 2760  
City: MIDLAND State: TX Zip: 79702

**Findings:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Long, Dale	970-220-2236	dlong@basspet.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
291958	WELL	SI	01/29/2013	DSPW	103-11071	YELLOW CREEK FEDERAL 1-41-1	AC

**General Comment:**

[Routine UIC inspection.](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:

Overall Good:

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Type	BATTERY		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:

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

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Panel fence		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Pump in housing		
Corrective Action:			Date:

Type: Gas Meter Run	# 1	
Comment:		
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	6	400 BBLs	HEATED STEEL AST		40.003340,-108.337944
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

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

**Venting:**

Yes/No	NO	
Comment:		
Corrective Action:		
		Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	
	Date:

**Inspected Facilities**

Facility ID: 291958 Type: WELL API Number: 103-11071 Status: SI Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>1662</u>	Previous Test Pressure _____	MPP _____
	(e.g. 30 psig or -30" Hg)		Inj Zone: <u>LOYD</u>
TC:	Pressure or inches of Hg <u>2.5</u>	Previous Test Pressure _____	Last MIT: <u>09/22/2015</u>
Brhd:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	AnnMTReq: _____

Comment: Routine UIC inspection. Active injection at time of inspection.

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	Ditches	Pass			
Berms	Pass	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT