

**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:

05/19/2017

Submitted Date:

05/19/2017

Document Number:

680704127**FIELD INSPECTION FORM**

Loc ID 305484 Inspector Name: Peterson, Tom On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10373Name of Operator: NGL WATER SOLUTIONS DJ LLCAddress: 3773 CHERRY CRK NORTH DR #1000City: DENVER State: CO Zip: 80209**Status Summary:**

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

Findings:1 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Patterson, Josh	(303) 536-4408	joshua.patterson@nglep.com	
Koehler, Bob		bob.koehler@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
439321	WELL	IJ	03/25/2015	DSPW	123-40377	NGL C1C	AC

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 439321 Type: WELL API Number: 123-40377 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 1304 psig Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: LYNSTC: Pressure or inches of Hg 0 psig Previous Test Pressure _____ Last MIT: 01/02/2015Brhd: Pressure or inches of Hg 0 psig Previous Test Pressure _____ AnnMTReq: _____Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHeadComment: Bradenhead valve is exposed at surface.

Corrective Action: _____ Date: _____