

**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:

05/24/2017

Submitted Date:

05/24/2017

Document Number:

680401502

FIELD INSPECTION FORM

Loc ID 335669 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: 10442
Name of Operator: HUNTER RIDGE ENERGY SERVICES LLC
Address: 370 17TH STREET #1700
City: DENVER State: CO Zip: 80202

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
"		COGCC.INSPECTIONS@encana.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
280586	WELL	IJ	01/27/2014	DSPW	045-11293	SGU 8506B F26 496	SI

General Comment:

UIC-5 yr MIT.

Location

Lease Road:			
	Type	Access	
	comment:		
	Corrective Action		Date:
	Type	Main	
	comment:		
	Corrective Action		Date:

Overall Good:

Signs/Marker:			
	Type	WELLHEAD	
	Comment:		
	Corrective Action:		Date:
	Type	TANK LABELS/PLACARDS	
	Comment:		
	Corrective Action:		Date:

Emergency Contact Number:

Comment:	<input style="width: 95%;" type="text"/>	
Corrective Action:	<input style="width: 95%;" type="text"/>	Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:			
	Yes/No	NO	
	Comment:		
	Corrective Action:		Date:

Flaring:			
Type			
	Comment:		
	Corrective Action:		Date:

Inspected Facilities

Facility ID: 280586 Type: WELL API Number: 045-11293 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>WSTC</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/12/2012</u>
			AnnMTReq: _____

Comment:

Corrective Action: Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 385 Csg psi: 873 BH psi: 0

Insp. Status: Pass

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	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT