

**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:

06/13/2017

Submitted Date:

06/13/2017

Document Number:

679902642

FIELD INSPECTION FORM

Loc ID 321051 Inspector Name: Welsh, Brian 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: 10330
Name of Operator: INVESTMENT EQUIPMENT LLC
Address: 412 W PLATTE AVE
City: FT MORGAN State: CO Zip: 80701

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
Rebol, Dave		investmentequipment@cox.net	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205894	WELL	IJ	06/15/2015	DSPW	009-06309	MCKINLEY 1-20-WD	AC

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Gravel road through pasture		
Corrective Action		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers and stencils on tanks. NFPA label on overflow tank is peeling off and will need replaced		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input type="text"/>		
Corrective Action:	<input type="text"/>	Date:	<input type="text"/>

Good Housekeeping:			
Type	OTHER		
Comment:	Misc items laying around. Unused PVC, Polypipe, old tank hatch. Remove items laying inside berms		
Corrective Action:		Date:	

Overall Good:

Spills:			
Type	Area	Volume	
In Containment: No			
Comment:	<input type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			

Equipment:			corrective date
Type: Ancillary equipment	# 1		
Comment:	Electric panel by wellhead		
Corrective Action:		Date:	

Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	400 BBLS	FIBERGLASS AST		37.156640,-102.278850	
Comment:						
Corrective Action:						Date:

Paint	
Condition	<input type="text"/>
Other (Content)	<input type="text"/>

Other (Capacity)	
Other (Type)	

Berms

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	FIBERGLASS AST		37.156640,-102.278850
Comment: 200bbl fiberglass tank on east side of 400bbl tank used for overflow tank					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment: Shared berms				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
LUBE OIL	1	<50 BBLs	PBV FIBERGLASS		37.156640,-102.278850
Comment: 90% Buried plastic tank for lube oil recovery					
Corrective Action:					Date:

Paint

Condition		
Other (Content)		
Other (Capacity)	300gal	
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 Facilities

Facility ID: 205894 Type: WELL API Number: 009-06309 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-24.5" HG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>WBNS</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>08/08/2012</u>
			AnnMTReq: <u>NO</u>

Comment: CASING WAS DEAD. TBG IJ @ -24.5" HG

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY 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
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
5 Year MIT will be due 8/8/17	welshb	06/13/2017