

**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:

06/16/2017

Submitted Date:

06/19/2017

Document Number:

680401670**FIELD INSPECTION FORM**
 Loc ID 316367 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_
**Operator Information:**OGCC Operator Number: 49100Name of Operator: KOCH EXPLORATION COMPANY, LLCAddress: 950 17TH STREET #1900City: DENVER State: CO Zip: 80202**Status Summary:**

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

**Findings:**4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Clark, John	505-334-9111	clark23j@kochind.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
269368	WELL	PR	05/17/2004	GW	103-10374	ANT HILL UNIT WYWATT 25-43	PR
432692	WELL	SI	07/21/2014	DSPW	103-11961	AHU WYATT 25-43 SWD	TA

**General Comment:**

Routine UIC Inspection.

**Location**

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

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
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>Equipment:</b>			corrective date
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	2	300 BBLs	HEATED STEEL AST		40.107256,-108.224359	

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: 269368 Type: WELL API Number: 103-10374 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftCorrective Action: Date: Facility ID: 432692 Type: WELL API Number: 103-11961 Status: SI Insp. Status: TA**Underground Injection Control**UIC Violation: Maximum Injection Pressure: UIC RoutineInj./Tube: Pressure or inches of Hg 0 Previous Test Pressure  MPP   
(e.g. 30 psig or -30" Hg)Inj Zone: OHCRKTC: Pressure or inches of Hg 0 Previous Test Pressure  Last MIT: 10/30/2013Brhd: Pressure or inches of Hg 0 Previous Test Pressure  AnnMTReq: Comment: Routine UIC Inspection. Well temporarily abandoned.Corrective Action: Date: Method of Injection: PUMP FEEDTest 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	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT