

**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
Rebol, Dave		investmentequipment@cox.net	
Quint, Craig		craig.quint@state.co.us	

**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:			
Corrective Action:			Date: _____

**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="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
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:

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
PRODUCED WATER	1	400 BBLs	FIBERGLASS AST		37.156640,-102.278850
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	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: 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

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401307987	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4169863">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4169863</a>