

**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:

06/16/2017

Document Number:

679902657

FIELD INSPECTION FORM

Loc ID 321094 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:

- 8 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
206025	WELL	IJ	11/12/2015	ERIW	009-06441	TSRU 1001W	AC

General Comment:

[Routine UIC Inspection](#)

Location				
Lease Road:				
	Type	Access		
	comment:	Two track through pasture		
	Corrective Action:		Date:	
Overall Good: <input checked="" type="checkbox"/>				
Signs/Marker:				
	Type	WELLHEAD		
	Comment:	Lease sign by wellhead		
	Corrective Action:		Date:	
Emergency Contact Number:				
	Comment:	<input style="width: 100%;" type="text"/>		
	Corrective Action:	<input style="width: 100%;" type="text"/>		Date: _____
Overall Good: <input checked="" type="checkbox"/>				
Spills:				
Type	Area	Volume		
In Containment: No				
	Comment:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?				
Fencing/:				
	Type	WELLHEAD		
	Comment:	Pipe fence around wellhead		
	Corrective Action:		Date:	
	Type	OTHER		
	Comment:	Pipe fence around solar panels		
	Corrective Action:		Date:	
Equipment:				
				corrective date
Type:	Ancillary equipment	# 1		
	Comment:	Solar powered cathodic rectifier		
	Corrective Action:		Date:	
Venting:				
	Yes/No	NO		
	Comment:	<input style="width: 100%;" type="text"/>		
	Corrective Action:		Date:	
Flaring:				
Type	<input style="width: 100%;" type="text"/>			
	Comment:	<input style="width: 100%;" type="text"/>		
	Corrective Action:		Date:	

Inspected Facilities

Facility ID: 206025 Type: WELL API Number: 009-06441 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>19" 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>LNSNG</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>08/15/2013</u>
			AnnMTReq: <u>NO</u>

Comment: CASING WAS DEAD. TBG IJ @ -19" HG

Corrective Action: _____ Date: _____

Method of Injection: PUMP 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			

Comment: [Location and access are grassed over](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT