

**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:

06/20/2017

Submitted Date:

06/23/2017

Document Number:

680302061

**FIELD INSPECTION FORM**

Loc ID 313977 Inspector Name: SCHURE, KYM 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: 10203  
Name of Operator: BLACK RAVEN ENERGY INC  
Address: 165 S UNION BLVD SUITE 410  
City: LAKEWOOD State: CO Zip: 80228

**Findings:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Wehrer, Gene		gwehrer@enerjexresources.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
227412	WELL	IJ	10/21/2011	ERIW	087-60017	ADENA J SAND UNIT W-11	AC

**General Comment:**

[UIC Routine Inspection](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Satisfactory Two track		
Corrective ActionL		Date:	

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

<b>Emergency Contact Number:</b>			
Comment:	Satisfactory		
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: Other	# 0			
Comment:	No change in equipment inventoried			
Corrective Action:		Date:		

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 227412 Type: WELL API Number: 087-60017 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: JSND  
TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 11/04/2015  
Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: No pressure on well

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

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
Other	In Process	Other	In Process			

Comment: [Continue BMP's](#)

Corrective Action:

Date: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT