

**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:

06/19/2017

Submitted Date:

06/21/2017

Document Number:

680302042

**FIELD INSPECTION FORM**

Loc ID 313701 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: LAKESWOOD 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 |         |
| Quint, Craig |       | craig.quint@state.co.us      |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 224895      | WELL | IJ     | 10/31/2013  | ERIW       | 087-05288 | CLAR, L 2     | SI          |

**General Comment:**

[UIC Routine Inspection](#)

| <b>Location</b>  |                                    |        |                 |
|--|------------------------------------|--------|-----------------|
| <b>Lease Road:</b>                                     |                                    |        |                 |
| Type   | Access                             |        |                 |
| comment:   | Satisfactory                       |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |
| Overall Good: <input type="checkbox"/>                 |                                    |        |                 |
| <b>Signs/Marker:</b>                                   |                                    |        |                 |
| Type   | WELLHEAD                           |        |                 |
| Comment:   | Satisfactory                       |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |
| <b>Emergency Contact Number:</b>                       |                                    |        |                 |
| Comment:   | Satisfactory                       |        |                 |
| Corrective Action:                                     |                                    |        | Date: _____     |
| Overall Good: <input checked="" type="checkbox"/>      |                                    |        |                 |
| <b>Spills:</b>   |                                    |        |                 |
| Type   | Area                               | Volume |                 |
| In Containment: No                                     |                                    |        |                 |
| Comment:   |                                    |        |                 |
| <input type="checkbox"/> Multiple Spills and Releases? |                                    |        |                 |
| <b>Equipment:</b>                                      |                                    |        |                 |
| Type: Other  | # 0                                |        | corrective date |
| 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: 224895 Type: WELL API Number: 087-05288 Status: IJ Insp. Status: SI

**Underground Injection Control**

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

UIC Routine

|            |                                   |                              |                             |
|------------|-----------------------------------|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>0</u> | Previous Test Pressure _____ | MPP _____                   |
|            | (e.g. 30 psig or -30" Hg)         |                              | Inj Zone: <u>DSND</u>       |
| TC:        | Pressure or inches of Hg <u>0</u> | Previous Test Pressure _____ | Last MIT: <u>08/27/2012</u> |
| Brhd:      | Pressure or inches of Hg _____    | Previous Test Pressure _____ | AnnMTReq: _____             |

Comment: No problems found

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 stormwater erosion BMP's](#)

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT

**Attached Documents**

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

| Document Num | Description          | URL   |
|--------------|----------------------|---|
| 401314210    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4176061">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4176061</a> |