

FORM  
INSPRev  
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:

07/21/2017

Submitted Date:

07/21/2017

Document Number:

673715796**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection   
317099 \_\_\_\_\_ Sherman, Susan \_\_\_\_\_ 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: 95620  
 Name of Operator: WESTERN OPERATING COMPANY  
 Address: 1165 DELAWARE STREET #200  
 City: DENVER State: CO Zip: 80204

**Findings:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Reid, Marta	(303) 893-2438	marta@westernoperating.com	Designated Agent
Stapp, D. Scott	(303) 893-2432	scott@westernoperating.com	
James, Steve	(303) 893-2438	steve@westernoperating.com	President
Crumley, Tim	(970) 768-5659	tcrumley@comcast.net	
Quint, Craig		craig.quint@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
236253	WELL	IJ	10/15/2011	DSPW	121-08743	BASLER 1	AC

**General Comment:**

**Location**

Overall Good:

<b>Signs/Marker:</b>			
Type	OTHER		
Comment:	lease sign on CR 34		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	on shed		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	303-893-2438		Date: _____
Corrective Action:			

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment: \_\_\_\_\_

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	cattle wire panels around shed		
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No				
--------	--	--	--	--

Comment:			
Corrective Action:		Date:	

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Location Construction**

Location ID: 236253 CDP: \_\_\_\_\_

Comment: \_\_\_\_\_

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

**Form 2A COAs:**

**Comment:** Form: (04 )  
2618387  
04/23/2015 Operator is granted new Maximum Injection Volume of 16,418,028 bbls based on calculations in Attachment 2618402.

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

**Wildlife BMPs:**

**Comment:** \_\_\_\_\_

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

**Comment:** \_\_\_\_\_

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

**On Site Inspection (305):**

Surface Owner Contact Information:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Operator Rep. Contact Information:  
Landman Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date Onsite Request Received: \_\_\_\_\_ Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

LGD Contact Information:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agreed to Attend: \_\_\_\_\_

Summary of Landowner Issues:  
\_\_\_\_\_

Summary of Operator Response to Landowner Issues:  
\_\_\_\_\_

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:  
\_\_\_\_\_

**Inspected Facilities**

Facility ID: 236253 Type: WELL API Number: 121-08743 Status: IJ Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>JSND</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>08/16/2012</u>
			AnnMTReq: <u>NO</u>

Comment: \_\_\_\_\_

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

Method of Injection: GRAVITY FEED

Test Type: 5 Year Tbg psi: 0 psi Csg psi: 0 psi BH psi: \_\_\_\_\_

Insp. Status: Pass

Comment: Operator will plumb Bradenhead to surface for next test. Pretest indicated a leak so well was shut in immediately and a rig brought in. Packer was replaced and reset. MIT was then performed to verify repairs and for 5 year test as witnessed by COGCC. Well was turned back on by pumper after test.  
 0 psi on casing and tubing prior to test  
 0 min 410 psi  
 5 min 408 psi  
 10 min 408 psi  
 15 min 408 psi  
 0 psi on casing and tubing after test  
 -2 psi lost

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

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: \_\_\_\_\_

Comment:

**1002 SITE PREPARATION AND STABILIZATION**

1002a. FENCING \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

1002b. SOIL REMOVAL AND SEGREGATION \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

1002c. PROTECTION OF SOILS \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

1002E. SURFACE DISTURBANCE MINIMIZATION \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

1003a. Waste and Debris removed? \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

Unused or unneeded equipment onsite? \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_  
 1003c. Compacted areas have been cross ripped? \_\_\_\_\_  
 1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_  
 Cuttings management: \_\_\_\_\_  
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? \_\_\_\_\_  
 Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

RESTORATION AND REVEGETATION

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003e. INTERIM VEGETATION TRANSECT  
 TRANSECT RESULTS OF DISTURBED AREA% \_\_\_\_\_  
 TRANSECT RESULTS OF REFERENCE AREA% \_\_\_\_\_  
 TOTAL % OF DESIRABLE VEGETATION COVER \_\_\_\_\_  
 VEGETATIVE COVER \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

Overall Interim Reclamation

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: \_\_\_\_\_

Reminder: \_\_\_\_\_

Comment:

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_ No disturbance /Location never built \_\_\_\_\_

Access Roads Regraded \_\_\_\_\_ Contoured \_\_\_\_\_ Culverts removed \_\_\_\_\_

Gravel removed \_\_\_\_\_

Location and associated production facilities reclaimed \_\_\_\_\_ Locations, facilities, roads, recontoured \_\_\_\_\_

Compaction alleviation \_\_\_\_\_ Dust and erosion control \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_ Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_ Subsidence \_\_\_\_\_

1004.d. FINAL VEGETATION TRANSECT  
 TRANSECT RESULTS OF DISTURBED AREA% \_\_\_\_\_  
 TRANSECT RESULTS OF REFERENCE AREA% \_\_\_\_\_  
 TOTAL % OF DESIRABLE VEGETATION COVER \_\_\_\_\_  
 VEGETATIVE COVER \_\_\_\_\_

Comment:

Corrective Action:

Date \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_ Well Release on Active Location  Multi-Well Location

**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

**Attached Documents**

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

Document Num	Description	URL
673715797	Western Operating Basler 1 UIC MIT	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4204229">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4204229</a>
673715798	Form 21 Basler 1 7/21/2017	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4204230">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4204230</a>