

**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:

07/21/2017

Submitted Date:

07/21/2017

Document Number:

679902788**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection ☐  
321605 \_\_\_\_\_ Welsh, Brian \_\_\_\_\_ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 96730Name of Operator: WILLIFORD ENERGY COMPANYAddress: 6100 S YALE AVE STE 2000City: TULSA State: OK Zip: 74136**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION  
☐ FOLLOW UP INSPECTION REQUIRED  
☐ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name   | Phone        | Email                       | Comment |
|----------------|--------------|-----------------------------|---------|
| Hubbard, Corky | 806-658-9758 | whubbard@willifordenergy.co |         |
| Quint, Craig   |              | craig.quint@state.co.us     |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name             | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------------|-------------|
| 207475      | WELL | IJ     | 12/30/2011  | ERIW       | 017-06410 | RHOADES UNIT TRACT 3<br>1 | AC          |

**General Comment:**Routine UIC Inspection

**Location**

|                    |                             |       |  |
|--------------------|-----------------------------|-------|--|
| <b>Lease Road:</b> |                             |       |  |
| Type               | Access                      |       |  |
| comment:           | Gravel road through pasture |       |  |
| Corrective Action: |                             | Date: |  |

Overall Good: ☒

|                      |                             |       |  |
|----------------------|-----------------------------|-------|--|
| <b>Signs/Marker:</b> |                             |       |  |
| Type                 | WELLHEAD                    |       |  |
| Comment:             | Lease sign mounted to fence |       |  |
| Corrective Action:   |                             | Date: |  |

Emergency Contact Number:

Comment:

Corrective Action:  Date:

Overall Good: ☒

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

In Containment: No

Comment: ☐ Multiple Spills and Releases?

|                    |  |       |  |
|--------------------|--|-------|--|
| <b>Fencing/:</b>   |  |       |  |
| Type               | OTHER                                  |       |  |
| Comment:           | Metal panels around cathodic rectifier |       |  |
| Corrective Action: |  | Date: |  |
| Type               | WELLHEAD                               |       |  |
| Comment:           | Metal panels around wellhead           |       |  |
| Corrective Action: |  | Date: |  |

|                           |                                       |       |                 |
|---------------------------|---------------------------------------|-------|-----------------|
| <b>Equipment:</b>         |                                       |       | corrective date |
| Type: Ancillary equipment | # 2                                   |       |                 |
| Comment:                  | Cathodic rectifier and electric panel |       |                 |
| Corrective Action:        |                                       | Date: |                 |

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

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

**Inspected Facilities**Facility ID: 207475 Type: WELL API Number: 017-06410 Status: IJ Insp. Status: AC**Underground Injection Control**

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

UIC RoutineInj./Tube: Pressure or inches of Hg -24" HG Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

(e.g. 30 psig or -30" Hg)

Inj Zone: MRRWTC: Pressure or inches of Hg 0 PSIG Previous Test Pressure \_\_\_\_\_ Last MIT: 02/25/2015Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: NOComment: CASING HAD A LIGHT VACUUM THAT DIED IMMEDIATELY. TBG IJ @ -24" 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT