

**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:

07/24/2017

Submitted Date:

07/26/2017

Document Number:

680401703

FIELD INSPECTION FORM

Loc ID 325778 Inspector Name: BROWNING, CHUCK 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: 10000
Name of Operator: BP AMERICA PRODUCTION COMPANY
Address: 380 AIRPORT RD
City: DURANGO State: CO Zip: 81303

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
Inspections, All		SanJuanCOGCC@bp.com	SW Inspection Reports
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
215368	WELL	SI	08/01/2016	DSPW	067-06973	LOS PINOS WATER DISPOSAL 1	SI

General Comment:

[UIC-MIT.](#)

Location

Lease Road:			
	Type	Access	
	comment:		
	Corrective Action		Date:
	Type	Main	
	comment:		
	Corrective Action		Date:

Overall Good:

Signs/Marker:			
	Type	BATTERY	
	Comment:		
	Corrective Action:		Date:
	Type	TANK LABELS/PLACARDS	
	Comment:		
	Corrective Action:		Date:
	Type	WELLHEAD	
	Comment:		
	Corrective Action:		Date:

Emergency Contact Number:

Comment:	<input style="width: 95%;" type="text"/>	
Corrective Action:	<input style="width: 95%;" type="text"/>	Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
	Type	LOCATION	
	Comment:		
	Corrective Action:		Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			

Corrective Action:

Date:

Inspected Facilities

Facility ID: 215368 Type: WELL API Number: 067-06973 Status: SI Insp. Status: SI

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>MVRD</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>08/06/2015</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 1050 BH psi: 0

Insp. Status: Pass

Comment: UIC-MIT.Verification of repairs.
Pressure well to 1050 psi. Hold for 15 min. Final pressure 1050 psi. -0 psi loss. OK
Test witnessed using gauges on wellhead.

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
Berms	Pass	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT