

**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:

679902792

**FIELD INSPECTION FORM**

Loc ID 431251 Inspector Name: Welsh, Brian 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: 10422  
Name of Operator: PRONGHORN OPERATING LLC  
Address: 8400 E PRENTICE AVENUE #1000  
City: GREENWOOD State: CO Zip: 80111

**Findings:**

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

**Contact Information:**

| Contact Name   | Phone        | Email                    | Comment |
|----------------|--------------|--------------------------|---------|
| Kuenzler, Zane | 720-261-2019 | zanekuenzler@kfrcorp.com |         |
| Quint, Craig   |              | craig.quint@state.co.us  |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 431256      | WELL | SI     | 05/01/2017  | DSPW       | 017-07736 | Shady Lady 1  | SI          |

**General Comment:**

[Routine UIC Inspection](#)

| Location   |   |   |       |                 |
|--|---|---|-------|-----------------|
| <b>Lease Road:</b>                                     |   |   |       |                 |
|  | Type                                      | Access                                    |       |                 |
|  | comment:                                  | Dirt road through pasture                 |       |                 |
|  | Corrective Action:                        |   | Date: |                 |
| Overall Good: <input checked="" type="checkbox"/>      |   |   |       |                 |
| <b>Signs/Marker:</b>                                   |   |   |       |                 |
|  | Type                                      | WELLHEAD                                  |       |                 |
|  | Comment:                                  | Lease sign by rectifier                   |       |                 |
|  | Corrective Action:                        |   | Date: |                 |
| <b>Emergency Contact Number:</b>                       |   |   |       |                 |
|  | Comment:                                  | <input style="width: 100%;" type="text"/> |       |                 |
|  | Corrective Action:                        | <input style="width: 100%;" type="text"/> |       | Date: _____     |
| Overall Good: <input checked="" type="checkbox"/>      |   |   |       |                 |
| <b>Spills:</b>   |   |   |       |                 |
| Type   | Area                                      | Volume                                    |       |                 |
| In Containment: No                                     |   |   |       |                 |
|  | Comment:                                  | <input style="width: 100%;" type="text"/> |       |                 |
| <input type="checkbox"/> Multiple Spills and Releases? |   |   |       |                 |
| <b>Fencing/:</b>                                       |   |   |       |                 |
|  | Type                                      | OTHER                                     |       |                 |
|  | Comment:                                  | Wire panels around solar panel            |       |                 |
|  | Corrective Action:                        |   | Date: |                 |
|  | Type                                      | WELLHEAD                                  |       |                 |
|  | Comment:                                  | Wire panels around wellhead               |       |                 |
|  | Corrective Action:                        |   | Date: |                 |
| <b>Equipment:</b>                                      |   |   |       |                 |
|  |   |   |       | corrective date |
| Type:  | Ancillary equipment                       | # 1                                       |       |                 |
|  | Comment:                                  | Solar powered cathodic rectifier          |       |                 |
|  | Corrective Action:                        |   | Date: |                 |
| <b>Venting:</b>  |   |   |       |                 |
|  | Yes/No                                    | NO  |       |                 |
|  | Comment:                                  | <input style="width: 100%;" type="text"/> |       |                 |
|  | Corrective Action:                        |   | Date: |                 |
| <b>Flaring:</b>  |   |   |       |                 |
| Type   | <input style="width: 100%;" type="text"/> |   |       |                 |
|  | Comment:                                  | <input style="width: 100%;" type="text"/> |       |                 |
|  | Corrective Action:                        |   | Date: |                 |

**Inspected Facilities**

Facility ID: 431256 Type: WELL API Number: 017-07736 Status: SI Insp. Status: SI

**Underground Injection Control**

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

UIC Routine

|            |   |                              |                             |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>5 PSIG</u><br>(e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____                   |
| TC:        | Pressure or inches of Hg <u>0 PSIG</u>                              | Previous Test Pressure _____ | Inj Zone: <u>LNSNG</u>      |
| Brhd:      | Pressure or inches of Hg _____                                      | Previous Test Pressure _____ | Last MIT: <u>01/09/2014</u> |
|            |   |                              | AnnMTReq: <u>NO</u>         |

Comment: CASING A LIGHT BLOW THAT DIED IMMEDIATELY. TBG IJ @ 5 PSIG

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction       | Pass            | Compaction              | 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   |
|--------------|----------------------|---|
| 401353909    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4207403">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4207403</a> |