

**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:

08/01/2017

Submitted Date:

08/02/2017

Document Number:

680302184

**FIELD INSPECTION FORM**

Loc ID 312266 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: 95620  
 Name of Operator: WESTERN OPERATING COMPANY  
 Address: 1165 DELAWARE STREET #200  
 City: DENVER State: CO Zip: 80204

**Findings:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
James, Steven	(303) 893-2438	steve@westernoperating.com	
Stapp, Scott		scott@westernoperating.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
220282	WELL	SI	10/10/2014	ERIW	075-08404	EMERALD, ROBERT 3-35	AC

**General Comment:**

[UIC Routine FIR](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Satisfactory		
Corrective ActionL		Date:	

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

<b>Emergency Contact Number:</b>			
Comment:	Satisfactory		
Corrective Action:		Date:	_____

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Equipment:</b>				corrective date
Type: Other	# 0			
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: 220282 Type: WELL API Number: 075-08404 Status: SI Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>150 psig</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Inj Zone: <u>JSND</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>11/04/2016</u>
			AnnMTReq: _____

Comment: Casing psi. = 0 Tubing psig = 150 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:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT