

FORM
INSPRev
X/15

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

08/01/2017

Submitted Date:

08/02/2017

Document Number:

680302185

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
312291 _____ SCHURE, KYM _____ 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
James, Steven	(303) 893-2438	steve@westernoperating.com	
Stapp, Scott		scott@westernoperating.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159442	UIC DISPOSAL	AC	01/16/2014		-	PROPST #1	AC
221078	WELL	IJ	01/01/2017	DSPW	075-09204	Propst 1	AC

General Comment:

UIC Routine FIR SATISFACTORY

Location			
Lease Road:			
Type	Access		
comment:	Satisfactory		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:	Satisfactory		
Corrective Action:			Date: _____
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Other	# 0		corrective date
Comment:	No change in equipment inventoried		
Corrective Action:		Date:	
Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 159442 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 363

UIC Routine

Inj./Tube: Pressure or inches of Hg -45 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Casing psi. = 0 Tubing = -45 vacuum No problems found

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 221078 Type: WELL API Number: 075-09204 Status: IJ Insp. Status: AC

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: [Use stormwater erosion BMP's for management](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	256304	846026	