

**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:

680401730

**FIELD INSPECTION FORM**

Loc ID 313074 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: 10133  
Name of Operator: HILCORP ENERGY COMPANY  
Address: 1515 NINETH STREET  
City: ROCK SPRINGS State: WY Zip: 82901

**Findings:**

- 8 Number of Comments
- 1 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Johansen, Michelle	307-352-5109	mjohansen@hilcorp.com	
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
223522	WELL	IJ	08/26/2014	DSPW	081-06889	HIAWATHA B-2	AC

**General Comment:**

[Routine UIC Inspection.](#)

Location			
<b>Lease Road:</b>			
Type	Main		
comment:			
Corrective Action			Date:
Type	Access		
comment:			
Corrective Action			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Type	BATTERY		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
<b>Good Housekeeping:</b>			
Type	WEEDS		
Comment:	Maintain weed control around tanks and equipment		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Prime Mover	# 1		corrective date
Comment:	Pump inside housing (inside tank berms)		

Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:	Inside tank berms.		
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	3	400 BBLs	HEATED STEEL AST		40.993185,-108.693672
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	NO	
Comment:		
Corrective Action:		Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 223522 Type: WELL API Number: 081-06889 Status: IJ Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0</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>LWIS</u>
Brhd:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>08/31/2012</u>
			AnnMTReq: _____

Comment: Routine UIC inspection. No active injection at time of inspection.

Corrective Action: No gauges on wellhead. No tubing/casing pressure recorded on monthly production reports.  
Install gauges on wellhead. Complete monthly production reporting in future. Date: 09/30/2017

Method of Injection: PUMP 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	Material Handling And Spill Prevention	Pass	All equipment and tanks inside berms.

Comment:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT