

**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:

08/03/2017

Submitted Date:

08/03/2017

Document Number:

680302145**FIELD INSPECTION FORM**

Loc ID 336736 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 66190Name of Operator: OMIMEX PETROLEUM INCAddress: 7950 JOHN T WHITE ROADCity: FORT WORTH State: TX Zip: 76120**Status Summary:**

- ☒ THIS IS A FOLLOW UP INSPECTION
☐ FOLLOW UP INSPECTION REQUIRED
☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Fisher, Jeremy	970-854-4733	Jeremy_Fisher@omimexgroup.com	
Glassey, Joe		joe_glassey@omimexgroup.com	
Quint, Craig		craig.quint@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159151	UIC DISPOSAL	AC	03/29/2006		-	BLED SOE SWD 1-18-3-43	AC
278717	WELL	IJ	05/24/2017	DSPW	125-09352	BLED SOE SWD 1-18-3-43	AC

General Comment:

UIC 2017 list shows UIC/MIT past due as of 6/17/2011 (UIC/MIT scheduled test postponed/approved Schure due to scheduling conflict in 2016). COGCC database shows (5) yr. UIC/MIT performed on 9/27/2016 Doc# 401122038 SATISFACTORY
 NOTE TO COGCC UIC PROGRAM: Please correct UIC list.

UIC Routine FIR performed for 2017 UIC PROGRAM

Location

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

Overall Good: ☐

Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	Satisfactory		
Corrective Action:			Date: _____

Overall Good: ☒

Spills:					
Type	Area	Volume			

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Other	# 0		
Comment:	No change in equipment inventoried		
Corrective Action:		Date:	

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

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 159151 Type: UIC API Number: - Status: AC Insp. Status: AC**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 575UIC RoutineInj./Tube: Pressure or inches of Hg -1 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 on vacuum = -1

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 278717 Type: WELL API Number: 125-09352 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	Pass	Other	Pass			

Comment: Use stormwater BMP's for erosion management

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT