

**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:

08/03/2017

Document Number:

680401732**FIELD INSPECTION FORM**
 Loc ID 312941 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 10407Name of Operator: ANTLER ENERGY LLCAddress: PO BOX 104City: BAGGS State: WY Zip: 82321**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**7 Number of Comments3 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Evans, Clay		antlerenergy@yahoo.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
		mike.leonard@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
222951	WELL	TA	10/01/1992	DSPW	081-06313	SHELL CREEK FEDERAL 44-27 4	TA

General Comment:

Routine UIC Inspection.

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Sign at wellhead has wrong operator information and contact.		
Corrective Action:	Install sign to comply with Rule 210.b.	Date:	09/08/2017

Emergency Contact Number:		
Comment:	No emergency contact number	
Corrective Action:	Install sign to comply with Rule 210.b.	Date: 09/08/2017

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	wellhead inside housing		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	400 BBLS	STEEL AST		40.965626,-108.499003
Comment:	Tanks not in use				
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
------	----------	---------------------	---------------------	-------------

Earth	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 FacilitiesFacility ID: 222951 Type: WELL API Number: 081-06313 Status: TA Insp. Status: TA**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: FTUNTC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 05/29/2013Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____Comment: Routine UIC Inspection. Well temporarily abandoned.Corrective Action: Last MIT performed 8/25/2016. NO record of MIT in COGCC database.
Ensure Form 21 is submitted to COGCC to record last MIT.Date: 09/08/2017

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____