

**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:

680401734**FIELD INSPECTION FORM**Loc ID 312922 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10548Name of Operator: HRM RESOURCES II LLCAddress: 410 17TH STREET #1600City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Pape, Terry	303-893-6621	tpape@hrmres.com	Operation Engineer
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
222842	WELL	IJ	03/01/2017	DSPW	081-06202	BIGHOLE-FEDERAL 10-1	AC

General Comment:Routine UIC Inspection.

Location**Lease Road:**

Type	Access		
comment:			
Corrective ActionL		Date:	
Type	Main		
comment:			
Corrective ActionL		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:		Date:	

Equipment:

			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Propane tank		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
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Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 222842 Type: WELL API Number: 081-06202 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 700 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: FTUN

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 09/22/2016

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____