

**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:

08/14/2017

Submitted Date:

08/14/2017

Document Number:

679902838

**FIELD INSPECTION FORM**

Loc ID 321755 Inspector Name: Welsh, Brian 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: 61250  
Name of Operator: MULL DRILLING COMPANY INC  
Address: 1700 N WATERFRONT PKWY B#1200  
City: WICHITA State: KS Zip: 67206-

**Findings:**

- 5 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
Smalley, Carl	719-767-8805	csmalley@mulldrilling.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207929	WELL	IJ	02/05/2002	ERIW	017-06864	NWAU 13	AC

**General Comment:**

[Routine UIC Inspection](#)

**Location**

**Lease Road:**

Type Access

comment: Access through compressor yard or trail through pasture

Corrective ActionL

Date:

Overall Good:

**Signs/Marker:**

Type WELLHEAD

Comment: Lease sign by wellhead

Corrective Action:

Date:

**Emergency Contact Number:**

Comment:

Corrective Action:

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

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

**Venting:**

Yes/No NO

Comment:

Corrective Action:

Date:

**Flaring:**

Type

Comment:

Corrective Action:

Date:

**Inspected Facilities**

Facility ID: 207929 Type: WELL API Number: 017-06864 Status: IJ Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>520 PSIG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>MRRW</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/08/2013</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A STRONG BLOW THAT DIED IMMEDIATELY. TBG IJ @ 520 PSIG

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

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					

Comment: [Location and access are grassed over](#)

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT