

**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:

08/16/2017

Submitted Date:

08/18/2017

Document Number:

679902849**FIELD INSPECTION FORM**

Loc ID 321051 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num:

Operator Information:OGCC Operator Number: 10330Name of Operator: INVESTMENT EQUIPMENT LLCAddress: 412 W PLATTE AVECity: FT MORGAN State: CO Zip: 80701**Status Summary:**

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

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Chisolm, Jim	405-642-9437	investmentequipment@gmail.com	
Crane, Rocky	719-529-0682	rockycrane@yahoo.com	Pumper (BACA)
Rebol, Dave		investmentequipment@cox.net	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205894	WELL	IJ	06/15/2015	DSPW	009-06309	MCKINLEY 1-20-WD	AC

General Comment:5 year UIC MIT

Location**Lease Road:**

Type	Access		
comment:	Gravel road 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		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 205894 Type: WELL API Number: 009-06309 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>WBNS</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>08/08/2012</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: -11.5" Csg psi: 10 BH psi: _____Insp. Status: PassComment: MIT was postponed due to rainfall. Scheduled after due date (8/8/17) for 8/16/17. INITIAL CSG HAD 10 PSIG. BLOW DOWN PRESSURE TO TRUCK. MIRU BORDER-LINE INC. LOADED W/2BBL. PRESSURED CSG TO 850 PSIG. 5-MIN 850#. 10-MIN 850#. 15-MIN 850#. 0 PSI LOSS

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			
Compaction	Pass	Compaction	Pass			

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
679902852	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4231372