

**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:

08/22/2017

Submitted Date:

08/22/2017

Document Number:

689500111

FIELD INSPECTION FORM

Loc ID 314745 Inspector Name: GRANAHAN, KYLE 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: 10539
Name of Operator: SWEVCO - SABW LLC
Address: 1125 ESCALANTE DR
City: RANGELY State: CO Zip: 81648

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
Foutz, Tyson	505-320-6275	tfoutz@utahgascorp.com	All inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
229469	WELL	PR	07/20/1968	GW	103-07125	DRAGON TRAIL UNIT 1023	PR

General Comment:

Location

Overall Good:

Signs/Marker:

Type	BATTERY		
Comment:	Present/complete		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Present/complete		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Present/complete		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date:

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type	#		corrective date
Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLS	Open Top		,
Comment:					
Corrective Action:				Date:	

Paint

Condition

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 Facilities

Facility ID: 229469 Type: WELL API Number: 103-07125 Status: PR Insp. Status: PR

Producing Well

Comment: [PR - no leaks/venting](#)

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					
Berms	Pass					
Compaction	Pass					

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT