

**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: GRANAHAH, KYLE On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10539Name of Operator: SWEVCO - SABW LLCAddress: 1125 ESCALANTE DRCity: RANGELY State: CO Zip: 81648**Status Summary:**

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

**Findings:**7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Foutz, Tyson	505-320-6275	tfoutz@utahgascorp.com	<a href="#">All inspections</a>

**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: 970-693-6021

Corrective Action:

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

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

Type: Vertical Separator	# 1		corrective date
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: 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	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 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: No sediment flow evident

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT