

**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:

10/05/2017

Submitted Date:

10/05/2017

Document Number:

685504058

FIELD INSPECTION FORM

Loc ID 317994 Inspector Name: MONTOYA, JOHN 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: 79905
Name of Operator: SMITH OIL PROPERTIES INC
Address: PO BOX 219
City: BYERS State: CO Zip: 80103

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
Shelley, Vicki	303-825-7405	smithoilprop@aol.com	
Koehler, Bob		bob.koehler@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
240341	WELL	SI	06/01/2017	ERIW	123-08129	ANDREWS(LANYARD WATERFLOOD) 23-18	AC

General Comment:

(This area is intentionally left blank for general comments.)

Location			
Lease Road:			
Type	Main		
comment:			
Corrective ActionL		Date:	
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:	OK		
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	WELLHEAD		
Comment:	2" PIPE FENCE		
Corrective Action:		Date:	
Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 240341 Type: WELL API Number: 123-08129 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg vaccum Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DSND
 TC: Pressure or inches of Hg vaccum Previous Test Pressure _____ Last MIT: 10/09/2012
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: START 360 PSI, 5 MIN 360 PSI, 10 MIN 360 PSI, 15 MIN 360 PSI, -0 PASSED

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

Test Type: 5 Year Tbg psi: -0 Csg psi: 0 BH psi: 0

Insp. Status: Pass

Comment: _____

Corrective Action: _____ Date: _____

BradenHead

Comment: ok

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>MIT TEST PASSED</u>	montoyaj	10/05/2017

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
685504059	WELLHEAD AND BATTERY PROD EQUIPMENT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4269290