

**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:

10/27/2017

Submitted Date:

10/27/2017

Document Number:

680704908**FIELD INSPECTION FORM**

Loc ID 307173 Inspector Name: Peterson, Tom On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 29625Name of Operator: TOM FENNO PRODUCTION LLCAddress: 1707 AVIAN DRCity: FORT COLLINS State: CO Zip: 80525**Status Summary:**

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

Findings:3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Gracey, Cameron		graceyservices@msn.com	
,		ashleyfeno@comcast.net	
Koehler, Bob		bob.koehler@state.co.us	
Precup, Jim		james.precup@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
217053	WELL	SI	09/01/2017	ERIW	069-06240	CLARKS LAKE MUDDY UNIT 15-1	SI

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Fencing/:			
Type	PUMP JACK		
Comment:	Panel		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 217053 Type: WELL API Number: 069-06240 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/16/2012

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: 0 psig Csg psi: 0 psig BH psi: 0 psigInsp. Status: Pass

Comment: MIT for verification of repairs, perforations are 5984'-6034' KB, 4 1/2" N-80 liner set @ 5967' KB inside of 5 1/2" csg and cemented to surface, packer set @ 5943' KB, ITP @ 0 psig, ICP @ 0 psig, Bradenhead @ 0 psig, pressure csg and packer to 1520 psig and isolate well from rig pump, 5 minute tbg @ 0 psig, csg @ 1520 psig, Bradenhead @ 0 psig, 10 minute tbg @ 0 psig, csg @ 1520 psig, Bradenhead @ 0 psig, 15 minute tbg @ 0 psig, csg @ 1520 psig, Bradenhead @ 0 psig, release pressure, return well to injection.

Corrective Action: _____ Date: _____

BradenHeadComment: Bradenhead valve is exposed at surface.

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			

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
680704910	Photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4286071