

**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:

10/31/2017

Submitted Date:

10/31/2017

Document Number:

674104382

**FIELD INSPECTION FORM**

Loc ID 449137 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: 10649  
 Name of Operator: EWS 4 DJ BASIN LLC  
 Address: 1023 39TH AVENUE SUITE E  
 City: GREELEY State: CO Zip: 80634

**Findings:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
4A, EWS	303-290-9414	wjanes@petrotek.com	ALL INSPECTIONS
Koehler, Bob		bob.koehler@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
449138	WELL	IJ		DSPW	123-44167	EWS 4	AC

**General Comment:**

**Location**

**Lease Road:**

Type	Main				
comment:					
Corrective Action				Date:	

Overall Good:

**Signs/Marker:**

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

Emergency Contact Number:

Comment:	ok				
Corrective Action:				Date:	_____

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment: \_\_\_\_\_

Multiple Spills and Releases?

**Equipment:**

					corrective date
Type: Other	# 2				
Comment:	2- 500 HORSE POWER PUMPS				
Corrective Action:				Date:	
Type: Ancillary equipment	# 4				
Comment:	4 FILTER CANNISTERS				
Corrective Action:				Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	500 BBLs	STEEL AST		
Comment:	750 BBL FLATT TANK SEPARATES OIL , WATER, AND SAND				

Corrective Action:						Date:	
<b>Paint</b>							
Condition	Adequate						
Other (Content)							
Other (Capacity)							
Other (Type)							
<b>Berms</b>							
Type	Capacity		Permeability (Wall)		Permeability (Base)		Maintenance
Concrete	Adequate		Walls Sufficient		Base Sufficient		Adequate
Comment:							
Corrective Action:						Date:	
Contents		#	Capacity	Type		Tank ID	SE GPS
CRUDE OIL		5	500 BBLs	STEEL AST			40.081520,-104.279940
Comment: 750 BBL CAPACITY OIL TANKS							
Corrective Action:						Date:	
<b>Paint</b>							
Condition	Adequate						
Other (Content)							
Other (Capacity)							
Other (Type)							
<b>Berms</b>							
Type	Capacity		Permeability (Wall)		Permeability (Base)		Maintenance
Concrete	Adequate		Walls Sufficient		Base Sufficient		Adequate
Comment:							
Corrective Action:						Date:	
Contents		#	Capacity	Type		Tank ID	SE GPS
PRODUCED WATER		20	500 BBLs	STEEL AST			
Comment: 26-PRODUCED WATER TANKS 750 BBL CAPACITY							
Corrective Action:						Date:	
<b>Paint</b>							
Condition	Adequate						
Other (Content)							
Other (Capacity)							
Other (Type)							
<b>Berms</b>							
Type	Capacity		Permeability (Wall)		Permeability (Base)		Maintenance
Concrete	Adequate		Walls Sufficient		Base Sufficient		Adequate
Comment:							
Corrective Action:						Date:	
<b>Venting:</b>							

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 449138 Type: WELL API Number: 123-44167 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 460 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: DJINJ  
 TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 03/14/2017  
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**BradenHead**

Comment: OK

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Attached Documents**

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

Document Num	Description	URL
674104384	INJECTION FACILITY AND WELL SIGN	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4289519">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4289519</a>