

**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:

674104385**FIELD INSPECTION FORM**Loc ID 448844 Inspector Name: MONTOYA, JOHN On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10649Name of Operator: EWS 4 DJ BASIN LLCAddress: 1023 39TH AVENUE SUITE ECity: GREELEY State: CO Zip: 80634**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
Koehler, Bob		bob.koehler@state.co.us	
4A, EWS	303-290-9414	wjanes@petrotek.com	ALL INSPECTIONS

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
448843	WELL	IJ	05/01/2017	DSPW	123-44047	EWS 4A	AC

General Comment:

Location**Lease Road:**

Type	Main		
comment:			
Corrective ActionL		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 448843 Type: WELL API Number: 123-44047 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 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: 03/10/2017

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: _____

BradenHeadComment: OK

Corrective Action: _____ Date: _____

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

Document Num	Description	URL
674104386	INJECTION PLANT AND WELL SIGN	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4289520