

**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:

11/16/2017

Submitted Date:

11/20/2017

Document Number:

688300605**FIELD INSPECTION FORM**

Loc ID Inspector Name: On-Site Inspection ☐
 316938 Sherman, Susan 2A Doc Num: _____

Operator Information:OGCC Operator Number: 101101Name of Operator: SAGA PETROLEUM LIMITED LIABILITY CO OF COAddress: 600 17TH ST STE 1700NCity: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Dunham, Tyson	(307) 388-2290	tdunham@sagapetroleum.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
233344	WELL	IJ	08/01/2017	ERIW	121-05380	JONES 4	SI

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	303-996-7766	
Corrective Action:		Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: _____

☐ Multiple Spills and Releases?**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		,
Comment:					
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Venting:

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 233344 Type: WELL API Number: 121-05380 Status: IJ 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: 10/08/2014

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 Csg psi: 0 BH psi: 0Insp. Status: Pass

Comment: SI for work on well and MIT. Form 42 #401454152. Form 21 attached.
0 min 450 psi
5 min 450 psi
10 min 450 psi
15 min 450 psi

Corrective Action: _____ Date: _____

BradenHeadComment: Plumbed to surface. 0 psi

Corrective Action: _____ Date: _____

WorkoverComment: Yetter Rig #8

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
688300675	Saga Jones 4 UIC MIT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4306649
688300677	Saga Jones 4 Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4306650