

FORM  
INSPRev  
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:

12/27/2017

Submitted Date:

01/02/2018

Document Number:

671000821**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection   
322231 \_\_\_\_\_ DURAN, JOHN \_\_\_\_\_ 2A Doc Num: \_\_\_\_\_

**Status Summary:**

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

**Findings:**

4 Number of Comments

0 Number of Corrective Actions

 Corrective Action Response Requested**Operator Information:**OGCC Operator Number: 44390Name of Operator: JAVERNICK OILAddress: 3040 E MAINCity: CANON CITY State: CO Zip: 81212**Contact Information:**

Contact Name	Phone	Email	Comment
Javernick, James	719-275-3040/719-671-3787	javernick1@gmail.com	<a href="#">All Inspections</a>
Mehennett, Tom	(719) 275-3040/ (505) 330-1328	tbm3040@gmail.com	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
286465	WELL	PR	01/09/2007	OW	043-06147	ROYAL GORGE 5	PR

**General Comment:**

**Location**

Overall Good:

**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
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:			
Corrective Action:		Date:	

**Equipment:**

Type: Deadman # & Marked	#		corrective date
	# 3		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	200 BBLS	STEEL AST		,
Comment:	1 - 210 bbl ST				
Corrective Action:				Date:	

**Paint**

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

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:			Date:

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:			Date:

**Inspected Facilities**

Facility ID: 286465 Type: WELL API Number: 043-06147 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

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