

**FORM
INSP**Rev
X/15

State of Colorado Oil and Gas Conservation Commission

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 Phone: (303) 894-2100 Fax: (303) 894-2109


Inspection Date:

01/10/2018

Submitted Date:

01/17/2018

Document Number:

680302925**FIELD INSPECTION FORM**
 Loc ID 314078 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 66190Name of Operator: OMIMEX PETROLEUM INCAddress: 7950 JOHN T WHITE ROADCity: FORT WORTH State: TX Zip: 76120**Status Summary:**

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

Findings:7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Fisher, Jeremy	970-854-4733	Jeremy_Fisher@omimexgroup.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159201	UIC DISPOSAL	AC	02/20/2007		-	SOUTH HOLYOKE SWD 1B-25-7-45	AC
293759	WELL	SI	10/01/2017	DSPW	095-06169	SOUTH HOLYOKE SWD 1B-25-7-45	SI

General Comment:

UIC/MIT (5) yr. SATISFACTORY Well held 750 psi. throughout the (15) min. duration of the test.
 Form 42 Doc#401505608 received
 Form 21 copy attached

Location**Lease Road:**

Type	Access		
comment:	Satisfactory		
Corrective ActionL		Date:	

Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Satisfactory

Corrective Action: Date:

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

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

Type: Other	# 0		corrective date
Comment:	No change to equipment inventoried.		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 159201 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 618

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: -1 Csg psi: 750 BH psi: _____

Insp. Status: Pass

Comment: Casing pressure before start = 0. Casing psi. @ start = 750. Casing psi. @ (5) min. = 750. Casing psi. @ (10) min. = 750. Casing psi. @ (15) min. = 750. Loss or Gain = 0. Form 21 copy attached.

Corrective Action: _____ Date: _____

Facility ID: 293759 Type: WELL API Number: 095-06169 Status: SI Insp. Status: SI

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	In Process	Other	In Process			

Comment: [Continue BMP's for stormwater erosion management](#)

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
680302926	Form 21 copy	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4353105