

**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:

01/10/2018

Submitted Date:

01/17/2018

Document Number:

680302927**FIELD INSPECTION FORM**
 Loc ID 411752 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
159197	UIC DISPOSAL	AC	04/01/2008		-	LENZ FARMS SWD 3B-32-5-43	AC
293573	WELL	SI	01/31/2008	DSPW	125-11079	LENZ FARMS SWD 3B-32-5-43	SI

General Comment:

UIC/MIT (5)yr. SATISFACTORY Well held 750 psi. throughout duration of (15) min. test.
 Form 42 Doc#401505616 received
 Form 21 copy attached

Location**Lease Road:**

Type	Access		
comment:	Satisfactory		
Corrective Action	L	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 in equipment inventoried.		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 159197 Type: UIC API Number: - Status: AC Insp. Status: AC**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 566UIC 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: 0 Csg psi: 750 BH psi: _____Insp. Status: PassComment: Casing psi. before start =0. Casing held 750 psi. throughout duration of (15) min. test.
Loss or Gain = 0. Form 21 copy attached.

Corrective Action: _____ Date: _____

Facility ID: 293573 Type: WELL API Number: 125-11079 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
680302928	Form 21 copy	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4353106