

**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:

01/18/2018

Submitted Date:

01/18/2018

Document Number:

679903824**FIELD INSPECTION FORM**

Loc ID 321815 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 61250Name of Operator: MULL DRILLING COMPANY INCAddress: 1700 N WATERFRONT PKWY B#1200City: WICHITA State: KS Zip: 67206-**Status Summary:**

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

Findings:8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Smalley, Carl	719-767-8805	csmalley@mulldrilling.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208101	WELL	SI	08/05/2015	OW	017-07036	NW ARAPAHOE UT (NWAU) 7	SI

General Comment:[Routine Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Partially elevated gravel road through pasture		
Corrective Action		Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
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	OTHER		
Comment:	Metal cage around cathodic rectifier		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Metal panels around wellhead		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Ancillary equipment	# 2		
Comment:	Electric panel and cathodic rectifier		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 0		
Comment:	Removed from location		
Corrective Action:		Date:	

Venting:			
Yes/No			
Comment:			

Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	208101	Type:	WELL	API Number:	017-07036	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input type="checkbox"/> Shut In <input checked="" type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: Well is TA at time of inspection. Passing MIT performed 10/31/16									
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			
		Ditches	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT