

**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:

03/09/2018

Submitted Date:

03/13/2018

Document Number:

680303079

FIELD INSPECTION FORM

Loc ID 312308 Inspector Name: SCHURE, KYM On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 10330
Name of Operator: INVESTMENT EQUIPMENT LLC
Address: 412 W PLATTE AVE
City: FT MORGAN State: CO Zip: 80701

Findings:

- 6 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

| Contact Name | Phone | Email | Comment |
|---------------------|-------|-------------------------------|---------|
| Chisholm, James Jr. | | investmentequipment@gmail.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 221162 | WELL | SI | 10/01/2017 | GW | 075-09288 | LAND PARTNERSHIP 13-7 | PA |

General Comment:

P&A Completed. SATISFACTORY
NOTE TO OPERATOR: Begin reclamation process.

| Location | | | |
|--|--|--------|-----------------|
| Lease Road: | | | |
| Type | Other | | |
| comment: | Begin reclamation process. Contact COGCC Reclamation Group for directives. | | |
| Corrective ActionL | | | Date: |
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | OTHER | | |
| Comment: | Begin reclamation process. | | |
| Corrective Action: | | | Date: |
| Emergency Contact Number: | | | |
| Comment: | Satisfactory | | Date: _____ |
| Corrective Action: | | | |
| Overall Good: <input type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Equipment: | | | |
| Type: Other | # 0 | | corrective date |
| Comment: | Remove any/all equipment and begin reclamation process. | | |
| Corrective Action: | | | Date: |
| Venting: | | | |
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Inspected Facilities

Facility ID: 221162 Type: WELL API Number: 075-09288 Status: SI Insp. Status: PA

Cement

Cement Contractor

Contractor Name: Bohler Well Service

Contractor Phone: 970-522-3078

Surface Casing

Cement Volume (sx): 30

Circulate to Surface: YES

Cement Fall Back: NO

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): 2

Good Return During Job: YES

Plugging Operations

Depth Plugs(feet range): 4950',240'

Cement Volume (sx): 2+30

Good Return During Job: YES

Cement Type: 15.2#

Comment: P&A Completed. SATISFACTORY - Last day, moved rig out, cleaned out reverse tank and hauled off to disposal (80) bbl. Dug out deadman, excavated well head cut off (6') below grade, welded cap with info. backfilled.

Corrective Action: _____

Date: _____