

**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.

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

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401572570	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4400139">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4400139</a>