

**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:

03/21/2018

Submitted Date:

03/21/2018

Document Number:

679904152

FIELD INSPECTION FORM

Loc ID 324838 Inspector Name: Welsh, Brian 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: 83130
Name of Operator: STRACHAN EXPLORATION INC
Address: 383 INVERNESS PKWY, STE 360
City: ENGLEWOOD State: CO Zip: 80112

Findings:

- 4 Number of Comments
- 1 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Burn, Diana		diana.burn@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Strachan, Steve	(303) 785-7006	sms@strachanexploration.com	
		dnr_cogccengineering@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
213034	WELL	IJ	05/05/1984	DSPW	061-06395	FRAZEE-BOLYARD 2-35-SWD	AC

General Comment:

5 Year UIC MIT

Location

Lease Road:

Type Access

comment: Trail through farm ground

Corrective ActionL

Date:

Overall Good:

Signs/Marker:

Type WELLHEAD

Comment: Lease sign at wellhead. Update to current operator

Corrective Action:

Date:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected Facilities

Facility ID: 213034 Type: WELL API Number: 061-06395 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: Failed MIT Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>LYNS</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>04/04/2013</u>
			AnnMTReq: <u>NO</u>

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

Test Type: 5 Year Tbg psi: -6" HG Csg psi: 0 PSIG BH psi: _____

Insp. Status: Fail Leak Type: Casing

Comment: INITIAL CSG HAD LIGHT PUFF, DIED IMMEDIATELY. MIRU PROSTIM. LOADED W/2.5BBL. PRESSURED CSG TO 390 PSIG. 5 MIN 310#. -80 PSI LOSS. FAILED MIT

Corrective Action: Contact dnr_cogcengineering@state.co.us with resolution plan Date: 03/31/2018

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Other	Pass			

Comment:

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
401582345	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4409929
679904156	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4409918