

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type LOCATION

Comment: [Approx 32' sound walls on location](#)

Corrective Action:

Date: _____

Venting:

Yes/No NO

Comment:

Corrective Action:

Date: _____

Flaring:

Type

Comment:

Corrective Action:

Date: _____

Inspected Facilities

Facility ID: 449936 Type: WELL API Number: 001-10020 Status: DG Insp. Status: WO

Facility ID: 449943 Type: WELL API Number: 001-10027 Status: DG Insp. Status: WO

Complaint

Comment:

Field Inspector Assigned: Jason E. Gomez

Complaint Received:

Date: 2-28-2018

Complaint Contacted:

Date: 2-28-2018 Time 1400 Hrs

Location #: 449925

Inspection Document #: 688400044

Nature of complaint: Noise/odors

Field Inspector Actions:

On 2-28-2018, I was contacted by complaint specialist Megan Adamczyk in reference to a complaint received by the COGCC in reference to noise and odors. The complaint stated the noise and odors were occurring in the Commerce City area originating from the Extraction, Alma location.

On 2-28-2018, I attempted to make contact with the complaint at her residence. I performed a complete site inspection of the Extraction location which was approx. 7 tenths of a miles to the sw of the complaints home. I reviewed location records, which did not show any abnormal fracking conditions at the time of the complaints. I reviewed third party sound records at the times of the complaint and at no time did the fracking operation exceed COGCC rules according to the sound study information reviewed. At the time of the inspection all lighting appeared to be [pointed down and toward the ground per COGCC rules. I did not detect any odors at the residence at the time of the inspection.

No violation of COGCC rules were observed at the time of the inspection of the frack operation nor in the surrounding neighborhood.

All information reviewed and site inspection information were submitted to the complaint specialist for further review.

Corrective Action:

Date:

Well Stimulation

Stimulation Company: Liberty

Stimulation Type: HYDRAULIC FRAC

Other: _____

Observation:

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: Fluid: _____ Gas: _____

Comment:

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
401587470	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4414467