

**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:

04/02/2018

Submitted Date:

04/02/2018

Document Number:

679904200**FIELD INSPECTION FORM**

Loc ID 324838 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 83130Name of Operator: STRACHAN EXPLORATION INCAddress: 383 INVERNESS PKWY, STE 360City: ENGLEWOOD State: CO Zip: 80112**Status Summary:**

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

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Strachan, Steve	(303) 785-7006	sms@strachanexploration.com	

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	WK

General Comment:5 Year UIC MIT

Location**Lease Road:**

Type	Access		
comment:	Trail through farm ground		
Corrective Action	L	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		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 213034 Type: WELL API Number: 061-06395 Status: IJ Insp. Status: WK**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: LYNS

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 04/04/2013

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEEDTest Type: 5 Year Tbg psi: 0 PSIG Csg psi: 0 PSIG BH psi: _____Insp. Status: Pass

Comment: INITIAL CSG WAS DEAD. WELL WAS LOADED 3/29/18. PRESSURED CSG WITH N2 TO 300 PSIG. 5 MIN 295#. 10 MIN 290#. 15 MIN 290#. -10 PSI LOSS

Corrective Action: _____ Date: _____

WorkoverComment: Codell Well Service Rig #3 on location to change packer and RIH with new tbg

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
Compaction	Pass	Compaction	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
679904204	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4422625