

**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:

04/10/2018

Submitted Date:

04/09/2018

Document Number:

690100417

FIELD INSPECTION FORM

Loc ID 320426 Inspector Name: Maclaren, Joe 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: 10454
Name of Operator: PETROSHARE CORPORATION
Address: 9635 MAROON CIRCLE #400
City: ENGLEWOOD State: CO Zip: 80112

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
Schlagenhauf, Mark		mark.schlagenhauf@state.co.us	
Powell, Harold	(918)-774-3120	hpowell@petrosharecorp.com	
Lloyd, Bill		blloyd@petrosharecorp.com	
Brown, Devin	(303)-349-0302	dbrown@petrosharecorp.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
203732	WELL	SI	04/01/2017	GW	001-09292	WYMAN 34-6	EG

General Comment:

Followup inspection conducted in response to FIR doc #690100364 dated 02/02/2018; Actions Required identified during this inspection have been completed. This well has been plugged and abandoned.

Note: The Actions Required outlined on ENV inspection doc #688500028 submitted 3/20/18 must be completed as outlined; AR details outlined in the environmental section of this report.

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type UNUSED EQUIPMENT

Comment: Action Required Completed; Unused unmarked flowline risers have been removed.

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: 203732 Type: WELL API Number: 001-09292 Status: SI Insp. Status: EG

Flowline

#1	Type:	of Lines	
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Flowline Description

Flowline Type: _____ Size: _____ Material: _____
 Variance: _____ Age: _____ Contents: _____

Integrity Summary

Failures: _____ Spills: _____ Repairs Made: _____
 Coatings: _____ H2S: _____ Cathodic Protection: _____

Pressure Testing

Witnessed: _____ Test Result: _____ Charted: _____

COGCC Rules(check all that apply)

1101. Installation and Reclamation 1102. Operations, Maintenance, and Repair 1103. Abandonment

Comment:

Corrective Action:

Date: _____

Environmental

Spill/Remediation:

Comment: [Partially-buried produced water vessel removed sometime between 02/02/2018 & 03/16/2018 \(see attached photo log\) without prior approval of a Form 27 Site Investigation & Remediation Work Plan.](#)

Corrective Action: **Submit Form 27 as required by Rule 905.b. Retroactive corrective action deadline reflects the last date of a COGCC time-stamped photo of the vessel.**

Date: 02/02/2018

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____