

**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:

04/24/2018

Submitted Date:

04/24/2018

Document Number:

679904313

FIELD INSPECTION FORM

Loc ID 431251 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: 10422
Name of Operator: PRONGHORN OPERATING LLC
Address: 8400 E PRENTICE AVENUE #1000
City: GREENWOOD State: CO Zip: 80111

Findings:

- 6 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

| Contact Name | Phone | Email | Comment |
|----------------|--------------|--------------------------|---------|
| Kuenzler, Zane | 720-261-2019 | zanekuenzler@kfrcorp.com | |
| Quint, Craig | | craig.quint@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 431256 | WELL | SI | 12/01/2017 | DSPW | 017-07736 | Shady Lady 1 | SI |

General Comment:

[Routine UIC Inspection](#)

Location

| | | | |
|--------------------|---------------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Two track through pasture | | |
| Corrective ActionL | | Date: | |

Overall Good:

| | | | |
|----------------------|----------------------------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Lease sign by cathodic rectifier | | |
| Corrective Action: | | Date: | |

| | | | |
|----------------------------------|---|--|-------------|
| Emergency Contact Number: | | | |
| Comment: | <input style="width: 100%;" type="text"/> | | |
| Corrective Action: | <input style="width: 100%;" type="text"/> | | Date: _____ |

Overall Good:

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

Multiple Spills and Releases?

| | | | |
|--------------------|---------------------------------------|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Wire panels around wellhead | | |
| Corrective Action: | | Date: | |
| Type | OTHER | | |
| Comment: | Wire panels around cathodic rectifier | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|---|-------|--|
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | <input style="width: 100%;" type="text"/> | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|---|-------|--|
| Flaring: | | | |
| Type | | | |
| Comment: | <input style="width: 100%;" type="text"/> | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 431256 Type: WELL API Number: 017-07736 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -2" HG Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: LNSNG
TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 01/09/2014
Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING A LIGHT BLOW THAT DIED IMMEDIATELY. TBG IJ @ -2" HG

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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