

**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:

05/10/2018

Submitted Date:

05/10/2018

Document Number:

677900311

FIELD INSPECTION FORM

Loc ID 321029 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: 10626
Name of Operator: DOVER ATWOOD CORPORATION
Address: 1875 HARSH AVENUE SE
City: MASSILLON State: OH Zip: 44646

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
Levengood, John	(330) 809-0630	jlevengood07@gmail.com	
Crane, Rocky	(719) 529-0682	rockycrane@yahoo.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205821	WELL	PR	12/01/2014	GW	009-06236	PACKARD 1-X	PR

General Comment:

[Routine Inspection](#)

Location			
Lease Road:			
Type	Access		
comment:	Two track through pasture		
Corrective Action:		Date:	
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	Sticker on plastic tank		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by cathodic rectifier		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	OTHER		
Comment:	Pipe cage around cathodic rectifier		
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:	Wire fence around unit and wellhead		
Corrective Action:		Date:	
Equipment:			
Type: Pump Jack	# 1		corrective date
Comment:	Cabot unit		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Electric motor		
Corrective Action:		Date:	

Type: Ancillary equipment	# 2	
Comment:	Electric panel and cathodic rectifier	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLs	PLASTIC AST		37.342450,-102.248210
Comment:	1550gal plastic tank. Tank is empty at time of inspection and disconnected				
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO	
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 205821 Type: WELL API Number: 009-06236 Status: PR Insp. Status: PR

Producing Well

Comment: [Producing. Casing production](#)

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