

**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:

05/14/2018

Submitted Date:

05/15/2018

Document Number:

680303286

FIELD INSPECTION FORM

Loc ID 312139 Inspector Name: SCHURE, KYM 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: 35190
Name of Operator: GRAYHORSE OPERATING INC
Address: 20 EAST 5TH ST STE 320
City: TULSA State: OK Zip: 74103

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
,		kyancey@grayhorse.net	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150120	UIC DISPOSAL	AC	09/19/1973		-	HOXIE 2	AC
218811	WELL	IJ	05/01/2000	DSPW	075-05562	HOXIE 2 WD	AC

General Comment:

UIC/Routine Inspection FIR

Location			
Lease Road:			
Type	Access		
comment:	Satisfactory		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:	Satisfactory		
Corrective Action:			Date: _____
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Other	# 0		corrective date
Comment:	No change in equipment inventoried		
Corrective Action:		Date:	
Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 150120 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -1 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Casing psi. = 0 Tubing psi. = -1 slight vacuum

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 218811 Type: WELL API Number: 075-05562 Status: IJ Insp. Status: AC

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	In Process	Other	In Process			

Comment: [Use BMP's for stormwater erosion management](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT