

**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:

05/29/2018

Submitted Date:

05/30/2018

Document Number:

680402833**FIELD INSPECTION FORM**Loc ID 336394 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 200502Name of Operator: 31 OPERATINGAddress: 3021 RIDGE RD #156City: ROCKWALL State: TX Zip: 75032**Status Summary:**

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

Findings:7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Boulger, levin		lboulger@31opertaing.com	
Labowskie, Steve		steve.labowskie@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
232249	WELL	PR	03/31/2006	OW	103-09920	WRD UNIT 29-33	PR
259655	WELL	PR	12/01/2017	DSPW	103-10113	WRD UNIT 29-33 WDW	AC

General Comment:Routine UIC inspection.

Location

Lease Road:			
Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	

Overall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	PUMP JACK		
Comment:	Safety fence		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Prime Mover	# 1		
Comment:	Pump inside housing.		
Corrective Action:		Date:	
Type: Emission Control Device	# 2		
Comment:			
Corrective Action:		Date:	

Type: Horizontal Heated Separator	# 1	
Comment:		
Corrective Action:		Date:
Type: Gas Meter Run	# 1	
Comment:		
Corrective Action:		Date:
Type: Deadman # & Marked	# 4	
Comment:		
Corrective Action:		Date:
Type: Pump Jack	# 1	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		40.110599,-108.186535
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	10	400 BBLs	STEEL AST		40.111128,-108.186902
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				

Corrective Action:		Date:	
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Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

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Inspected FacilitiesFacility ID: 232249 Type: WELL API Number: 103-09920 Status: PR Insp. Status: PR**Producing Well**Comment: Pump jack

Corrective Action:

Date:

Facility ID: 259655 Type: WELL API Number: 103-10113 Status: PR Insp. Status: AC**Underground Injection Control**

UIC Violation:

Maximum Injection Pressure:

UIC RoutineInj./Tube: Pressure or inches of Hg 397 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg)Inj Zone: OHCRKTC: Pressure or inches of Hg 3 Previous Test Pressure _____ Last MIT: 05/04/2016Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Active injection at time of inspection.
This well is listed as producing (PR) in COGCC database. It is in fact injecting (IJ).
Production reports also show production figures since 11/2017. Check for proper Form7 completion.

Corrective Action:

Date: _____

Method of Injection: _____

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
Gravel	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

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
680402843	Inspection photos 5/29/2018	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4477789