

**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:

06/07/2018

Submitted Date:

06/07/2018

Document Number:

677900480

FIELD INSPECTION FORM

Loc ID 321548 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:

12 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	
Kuenzler, Zane	720-261-2019	zanekuenzler@kfrcorp.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207110	WELL	IJ	05/07/2015	DSPW	017-06045	MILLER SWDW 2	AC

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Gravel road through farm ground		
Corrective Action			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:	Stickers on tanks		
Corrective Action:			Date:
Type	BATTERY		
Comment:	Lease sign at tank battery		
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	<input type="text"/>		
Corrective Action:	<input type="text"/>		
			Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:			corrective date
Type:	Ancillary equipment	# 1	
Comment:	Water meter on wellhead		
Corrective Action:			Date:

Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	200 BBLS	FIBERGLASS AST		38.766970,-102.394910	
Comment:	Black tank on west side of tan tanks is disconnected, empty and not in use.					
Corrective Action:						Date:

Paint			
Condition	<input type="text"/>		
Other (Content)	<input type="text"/>		
Other (Capacity)	<input type="text"/>		
Other (Type)	<input type="text"/>		

Berm						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared berms						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	300 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: Green tank on east side of location						
Corrective Action:				Date:		
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berm						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared berms						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	2	400 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: 2-Tan tanks						
Corrective Action:				Date:		
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berm						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:				Date:		
Venting:						
Yes/No	NO					
Comment:						
Corrective Action:				Date:		
Flaring:						
Type						
Comment:						

Corrective Action:

Date:

Inspected Facilities

Facility ID: 207110 Type: WELL API Number: 017-06045 Status: IJ Insp. Status: AC

Well Stimulation

Stimulation Company: _____ Stimulation Type: _____
 Other: _____

Observation:

Maximum Casing Recorded: _____ PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
 Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Comment: _____

Corrective Action: _____ Date: _____

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-22" Hg</u>	Previous Test Pressure _____	MPP _____
	(e.g. 30 psig or -30" Hg)		Inj Zone: <u>SPGN</u>
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Last MIT: <u>08/13/2013</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	AnnMTReq: <u>NO</u>

Comment: CASING HAD A LIGHT BLOW, DIED IMMEDIATELY. TBG IJ @ -22" 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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT