

**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:
Operator Information:OGCC Operator Number: 10422Name of Operator: PRONGHORN OPERATING LLCAddress: 8400 E PRENTICE AVENUE #1000City: GREENWOOD State: CO Zip: 80111**Status Summary:**

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

Findings:12 Number of Comments0 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:

Corrective Action:

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

Berms

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)	

Berms

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)	

Berms

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

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