

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:				
Type	LOCATION			
Comment:	Approx 32' sound walls on south and southwest end of location			
Corrective Action:			Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 453223 Type: WELL API Number: 123-45983 Status: DG Insp. Status: WO

Facility ID: 453224 Type: WELL API Number: 123-45984 Status: DG Insp. Status: WO

Facility ID: 453227 Type: WELL API Number: 123-45987 Status: DG Insp. Status: WO

Facility ID: 453230 Type: WELL API Number: 123-45990 Status: DG Insp. Status: WO

Complaint

Comment:

Field Inspector Assigned: Jason E. Gomez

Complaint Received:

Date: 5-22-2018

Complaint Contacted:

Date: 5-22-2018 Time 1340 Hrs

Location #: 319094

Inspection Document #: 688400194

Nature of complaint: Noise

Field Inspector Actions:

On 5-22-2018, I was contacted by COGCC staff in reference to some complaints received by the COGCC in reference to noise, the complaint stated the noise was coming from the Erie area originating from the Extraction, Coyote location.

On 5-22-2018, I attempted to contact the complaints in reference to the noise she was experiencing which she perceived as coming from the Coyote fracking location. I performed a complete site inspection of the Coyote location. I reviewed location records, which did not show any abnormal fracking conditions at the time of the complaints. I reviewed third party sound records at the times of the complaint and at no time did the drilling operation exceed COGCC rules according to the sound study information reviewed.

No violation of COGCC rules were observed at the time of the inspection of the frack operation nor in the surrounding neighborhood.

All information reviewed and site inspection information were submitted to the complaint specialist for further review.

Corrective Action:

Date:

Well Stimulation

Stimulation Company: Liberty

Stimulation Type: HYDRAULIC FRAC

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back:

Fluid: _____

Gas: _____

Comment:

Corrective Action:

Date: _____