

**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:

06/28/2018

Submitted Date:

06/28/2018

Document Number:

677900646

FIELD INSPECTION FORM

Loc ID 324798 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: 95620
Name of Operator: WESTERN OPERATING COMPANY
Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204

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	
Hart, Dale	719-688-1638	dale@westernoperating.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
212667	WELL	IJ	09/12/1991	DSPW	061-06027	KING-PYLES 2	AC

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Gravel road through pasture		
Corrective ActionL			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
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?

Fencing/:			
Type	WELLHEAD		
Comment:	Metal panels around wellhead		
Corrective Action:			Date:
Type	OTHER		
Comment:	Wire fence around flowline and water filters		
Corrective Action:			Date:

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 3		
Comment:	Water meter on flowline north of wellhead, 2-water filters on flowline		
Corrective Action:			Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:			
Type			

Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 212667 Type: WELL API Number: 061-06027 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-15.5" Hg</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>MSSP</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/17/2016</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD STRONG BLOW, DIED IMMEDIATELY. TBG IJ @ -15.5" 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