

**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:

06/29/2018

Document Number:

677900645**FIELD INSPECTION FORM**
 Loc ID 324794 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 16520Name of Operator: CHEMCO INCAddress: 6970 SOUTH HOLLY CIR STE 206City: CENTENNIAL State: CO Zip: 80112**Status Summary:**

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

Findings:15 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Neher, Gray	303-771-7777	bogray@msn.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
212648	WELL	IJ	07/01/2015	DSPW	061-06008	LINCOLN 2	AC

General Comment:[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Two track through pasture		
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:	Lease sign mounted to stairs at tank battery. Update to current operator		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Install lease sign at wellhead		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers and stencils on tanks		
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	WELLHEAD		
Comment:	Wire panels around wellhead		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	Wire panels around tank battery		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Arrow gas engine		
Corrective Action:		Date:	

Type: Ancillary equipment	# 3	
Comment:	Gas scrubber and triplex pump in metal shed, chemical tank	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST		38.415630,-102.441750
Comment:	Overflow tank for disposal tanks				
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
CRUDE OIL	1	200 BBLS	STEEL AST		38.415630,-102.441750
Comment:	Vent tank on east side of tank battery				
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	300 BBLS	FIBERGLASS AST		38.415630,-102.441750
Comment:	West tanks are for disposal				
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	

Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment:					
Corrective Action:					Date:
Venting:					
Yes/No	NO				
Comment:					
Corrective Action:					Date:
Flaring:					
Type					
Comment:					
Corrective Action:					Date:

Inspected FacilitiesFacility ID: 212648 Type: WELL API Number: 061-06008 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 70 PSIG Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: MSSPTC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 04/21/2016Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NOComment: CASING WAS DEAD. TBG IJ @ 70 PSIG

Corrective Action: _____ Date: _____

Method of Injection: PUMP 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
Other	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT