

**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: \_\_\_\_\_

**Status Summary:**

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

**Operator Information:**

OGCC Operator Number: 16520  
Name of Operator: CHEMCO INC  
Address: 6970 SOUTH HOLLY CIR STE 206  
City: CENTENNIAL State: CO Zip: 80112

**Findings:**

- 15 Number of Comments
- 0 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**

<b>Lease Road:</b>			
Type	Access		
comment:	Two track through pasture		
Corrective Action:		Date:	

Overall Good:

<b>Signs/Marker:</b>			
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:	

<b>Emergency Contact Number:</b>			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 80%;" type="text"/>

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Wire panels around wellhead		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	Wire panels around tank battery		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Deadman # & Marked	# 4		
Comment:	<input style="width: 95%;" type="text"/>		
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) _____	
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**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:				

**Inspected Facilities**

Facility ID: 212648 Type: WELL API Number: 061-06008 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>70 PSIG</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>04/21/2016</u>
			AnnMTReq: <u>NO</u>

Comment: 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