

**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:

08/09/2018

Submitted Date:

08/10/2018

Document Number:

692600073

FIELD INSPECTION FORM

Loc ID 324937 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: 10548
Name of Operator: HRM RESOURCES II LLC
Address: 410 17TH STREET #1600
City: DENVER State: CO Zip: 80202

Findings:

15 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Hudson, Glen	713-589-8186	glenn_hudson@pogresources.com	Engineer
Payne, Gina		gpayne@hrmres.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
213627	WELL	SI	09/01/2017	ERIW	063-06186	LOWE 1-B	AC

General Comment:

Routine UIC Inspection

Location

Lease Road:			
Type	Access		
comment:	Elevated gravel road through CRP		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	BATTERY		
Comment:	Lease sign by tank battery. Update to current operator		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by wellhead. Update to current operator		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers on tanks		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input type="text"/>		
Corrective Action:	<input type="text"/>	Date:	<input type="text"/>

Good Housekeeping:			
Type	WEEDS		
Comment:	Weeds on access need maintenance		
Corrective Action:		Date:	

Overall Good:

Spills:			
Type	Area	Volume	
In Containment: No			
Comment:	<input type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			

Equipment:					corrective date
Type: Horizontal Heated Separator	# 1				
Comment:	Separator on west side of tanks				
Corrective Action:		Date:			
Type: Ancillary equipment	# 4				
Comment:	Electric panel, day drum and water pump in metal shed, gas scrubber by HHS				
Corrective Action:		Date:			

Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	1	400 BBLs	HEATED STEEL AST		39.092080,-102.521340	

Comment: Heated oil tank on north end of 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	1	400 BBLs	FIBERGLASS AST		39.092080,-102.521340
Comment: Water tank on south side of oil 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	3	400 BBLs	STEEL AST		39.092080,-102.521340
Comment:					
Corrective Action:				Date:	
Paint					
Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate	
Comment:					
Corrective Action:				Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 213627 Type: WELL API Number: 063-06186 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-7" 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>KEYES</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>01/27/2014</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A LIGHT PUFF, DIED IMMEDIATELY. TBG IJ @ -7" 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
		Culverts	Pass			
Gravel	Pass	Gravel	Pass			

Comment: Erosion still present from previous inspection in 2017. Repair access erosion around culvert

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT