

**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:
Operator Information:OGCC Operator Number: 10548Name of Operator: HRM RESOURCES II LLCAddress: 410 17TH STREET #1600City: DENVER State: CO Zip: 80202**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
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:			
Corrective Action:			
	Date:		

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

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment: ☐ 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:	
<u>Paint</u>							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
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:	
<u>Paint</u>							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
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:	
<u>Paint</u>							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate			
Comment:							
Corrective Action:						Date:	

Inspected FacilitiesFacility 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 -7" Hg Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: KEYES

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 01/27/2014

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

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