

**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:

08/27/2018

Submitted Date:

08/27/2018

Document Number:

680303754

**FIELD INSPECTION FORM**

Loc ID: 303555    Inspector Name: SCHURE, KYM    On-Site Inspection:     2A Doc Num: \_\_\_\_\_

**Status Summary:**

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

**Findings:**

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

**Operator Information:**

OGCC Operator Number: 10489  
Name of Operator: AUGUSTUS ENERGY RESOURCES LLC  
Address: 2016 GRAND AVENUE #A  
City: BILLINGS    State: MT    Zip: 59102

**Contact Information:**

Contact Name	Phone	Email	Comment
Jones, Greg	970-332-3585	gjones@ownresources.com	Operator change in process

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
253284	WELL	IJ	08/27/2014	DSPW	125-07161	CONRAD SWD 1	UN

**General Comment:**

UIC Routine - 2018 - SATISFACTORY

**Location**

Overall Good:

**Signs/Marker:**

Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**

Facility ID: 253284 Type: WELL API Number: 125-07161 Status: IJ Insp. Status: UN

**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg -12 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: DKTA  
TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 11/20/2015  
Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_