

**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:

10/15/2018

Submitted Date:

10/15/2018

Document Number:

680403882

FIELD INSPECTION FORM

Loc ID 311853 Inspector Name: BROWNING, CHUCK 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: 10384
Name of Operator: GENESIS GAS & OIL COLORADO LLC
Address: 1660 LINCOLN ST STE 2100
City: DENVER State: CO Zip: 80246

Findings:

- 6 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
Labowskie, Steve		steve.labowskie@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Hynes, Katie		khynes@trinitymgt.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
293056	WELL	SI	12/17/2012	DSPW	103-11095	FLETCHER GULCH 3-31WD	SI

General Comment:

UIC-5 yr MIT.

Location			
Lease Road:			
Type	Main		
comment:			
Corrective ActionL			Date:
Type	Access		
comment:			
Corrective ActionL			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Good Housekeeping:			
Type	WEEDS		
Comment:	Maintain weed control		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	WELLHEAD		
Comment:	Hogwire & T-post		
Corrective Action:			Date:
Equipment:			
Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Pump inside housing		

Corrective Action:	Date:
--------------------	-------

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	4	400 BBLs	HEATED STEEL AST		40.083106,-108.609909

Comment:	Date:
Corrective Action:	Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Comment:	Date:
Corrective Action:	Date:

Venting:

Yes/No	NO	
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 293056 Type: WELL API Number: 103-11095 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>SEGO</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>11/04/2013</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 542 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT.
Pressure well to 542 psi. Hold for 15 min. Final pressure 540 psi. -2 psi loss. OK
Test witnessed by COGCC using chart on truck.

Corrective Action: _____ Date: _____