

**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:

10/19/2018

Submitted Date:

10/23/2018

Document Number:

680403954**FIELD INSPECTION FORM**
 Loc ID 312710 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10310Name of Operator: FRAM OPERATING LLCAddress: 6 SOUTH TEJON STREET #400City: COLORADO State: CO Zip: 80903**Status Summary:**

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

Findings:4 Number of Comments0 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	
,		dnr_cogccengineering@state.co.us	
Pesicka, Conor		conor.pesicka@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Cook, David	(719) 314-1623	dave@framamericas.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
277504	WELL	SI	04/24/2009	GW	077-08872	DOTY 1-1	SI

General Comment:Bradenhead test performed 10/19/2018

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action		Date:	
Type	Main		
comment:			
Corrective Action		Date:	

Overall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:	
Comment:	
Corrective Action:	Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	4" off location flowline riser. Locked out/tagged out.		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLS	PBV STEEL		,
Comment:					

Corrective Action:					Date:	
Paint						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:					Date:	
Venting:						
Yes/No	NO					
Comment:						
Corrective Action:					Date:	
Flaring:						
Type						
Comment:						
Corrective Action:					Date:	

Inspected FacilitiesFacility ID: 277504 Type: WELL API Number: 077-08872 Status: SI Insp. Status: SI**BradenHead**

Comment: Bradenhead test perfomed 10/19/2018. Tbg pressure 0 psi, casing pressure 5, bradenhead pressure 5 psi. Bradenhead pressure down to 0 after 3 minutes. No change in tubing or casing pressure.
Last MIT 10/8/2013. No current MIT on record or delinquent as required by Rule 326 as noted on inspection doc#680403682
ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

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
Compaction	Pass	Compaction	Pass			

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
680403962	Inspection photos 10/19/2018	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4618646