

**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:

11/02/2018

Submitted Date:

11/02/2018

Document Number:

679701618**FIELD INSPECTION FORM**

Loc ID Inspector Name: On-Site Inspection ☐
 316193 Moran, Rick 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10539Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORPAddress: 1125 ESCALANTE DRCity: RANGELY State: CO Zip: 81648**Status Summary:**

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

Findings:7 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 |
|-----------------|--------------|-----------------------------|----------------------------------------|
| Kellerby, Shaun | 970-712-1248 | shaun.kellerby@state.co.us | |
| Knight, Russ | | rknight@utahgascorp.com | President, all inspections |
| Hale, Steve | | shale@utahgascorp.com | Environmental Manager, all inspections |
| Knight, Russ | | rknight@utahgascorp.com | President, all inspections |
| Bleil, Robert | 720-425-0303 | inspections@utahgascorp.com | All inspections |
| Waldron, Emily | | emily.waldron@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 256010 | WELL | PR | 08/31/1999 | GW | 103-09977 | PMF 9029 | PR |

General Comment:routine well inspection

LocationOverall Good: ☒

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

Emergency Contact Number:

Comment: 970-693-6021

Corrective Action:

Date: _____

Overall Good: ☒

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|-----------------------------------|-----|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Plunger Lift | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bird Protectors | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Horizontal Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | |
|----------|---|----------|------|---------|--------|
| Contents | # | Capacity | Type | Tank ID | SE GPS |
|----------|---|----------|------|---------|--------|

| | | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|-----------------------|-------|
| CONDENSATE | 1 | 400 BBLs | STEEL AST | | 39.825800,-109.003800 | |
| 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 Facilities | | | | | | | | | |
|----------------------|----------------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 256010 | Type: | WELL | API Number: | 103-09977 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | producing well | | | | | | | | |
| 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

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 |
|--------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 679701619 | inspection 679701618 photos | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4632338 |