

**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:

01/02/2019

Submitted Date:

01/13/2019

Document Number:

688303446**FIELD INSPECTION FORM**
 Loc ID 317079 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10330Name of Operator: INVESTMENT EQUIPMENT LLCAddress: 412 W PLATTE AVECity: FT MORGAN State: CO Zip: 80701**Status Summary:**

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

Findings:17 Number of Comments1 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
Chisholm, Jim	405-642-9437	investmentequipment@gmail.com	All Inspections
Highberger, Kathryn	(970) 867-9007	dkama@kci.net	Designated Agent

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
235961	WELL	PR	08/12/2008	OW	121-08451	TRAVIS 1	SI
317079	LOCATION	AC	04/14/2009		-	TRAVIS-63S51W 14NENW	AO

General Comment:[Routine Inspection](#)

LocationOverall Good: ☒

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

Emergency Contact Number:

Comment: 970-867-9007

Corrective Action:

Date: _____

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	cattle wire panels		
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:	steel panels		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:	2 chemical containers		
Corrective Action:		Date:	
Type: Emission Control Device	# 1		

Comment:	ECD is next to produced water tank (see attached photo). Inspector contacted operator on 1/2/2019 and he will move the ECD ASAP. Notify inspector when move is completed. Check with COGCC Engineering on Form 4 VENT_FLARE requirement.			
Corrective Action:	Move equipment to comply with minimum 75 foot setback as per Rule 605.a.5.		Date:	02/14/2019
Type: Bird Protectors	# 2			
Comment:				
Corrective Action:			Date:	
Type: Vertical Heater Treater	# 1			
Comment:	propane inside berms			
Corrective Action:			Date:	
Type: FWKO	# 1			
Comment:				
Corrective Action:			Date:	
Type: Prime Mover	# 1			
Comment:	electric motor			
Corrective Action:			Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST		,
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:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Inspector Name: Sherman, Susan

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:	same berms as produced water tank and treater				
Corrective Action:					Date:

Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	1	300 BBLS	HEATED STEEL AST		,	
Comment:	auto shut off on oil tanks (see attached photo)					
Corrective Action:						Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:	same berms as produced water tank and treater				
Corrective Action:					Date:

Venting:

Yes/No			
Comment:			
Corrective Action:	Date:		

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 235961 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action: _____

Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____

Date: _____

Comment: _____

Corrective Action: _____

Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected FacilitiesFacility ID: 235961 Type: WELL API Number: 121-08451 Status: PR Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: Well SI at time of inspection for parted rod. Inspector contacted operator on 1/2/2019 and this happened the previous day, 1/1/2019, and will be fixed ASAP.

Corrective Action: _____

Date: _____

Facility ID: 317079 Type: LOCATION API Number: - Status: AC Insp. Status: AO

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 PITType: Produced WaterLined: NO

Pit ID: _____

Lat: _____

Long: _____

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type: _____

Liner Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Fencing:

Fencing Type: _____

Fencing Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Netting:

Netting Type: _____

Netting Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Anchor Trench Present: _____

Oil Accumulation: NO

2+ feet Freeboard: _____

Comment: South pit is getting full (see attached photo). Next pit in series on location is empty. Check freeboard in this pit.

Corrective Action: _____

Date: _____

Type: Produced WaterLined: NO

Pit ID: _____

Lat: _____

Long: _____

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type: _____

Liner Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Fencing:

Fencing Type: _____

Fencing Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Netting:

Netting Type: _____

Netting Condition: _____

Inspector Name: Sherman, Susan

Comment:		Date:
Corrective Action		
Anchor Trench Present:	Oil Accumulation: <u>NO</u>	2+ feet Freeboard: <u>YES</u>
Comment:	<u>dry</u>	Date:
Corrective Action		

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
688303482	Investment Equipment Travis 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4702705