

**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:

01/14/2019

Submitted Date:

01/14/2019

Document Number:

690002987**FIELD INSPECTION FORM**

Loc ID 424013 Inspector Name: Carlile, Craig On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10110Name of Operator: GREAT WESTERN OPERATING COMPANY LLCAddress: 1001 17TH STREET #2000City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:5 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
,		cogccinspections@gwogco.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
424005	WELL	PR	06/01/2018	OW	123-33832	MARGIL FARMS 11-2D	PA
424008	WELL	PR	05/01/2018	OW	123-33833	MARGIL FARMS 25-2D	PA
424021	WELL	PR	06/01/2018	OW	123-33840	MARGIL FARMS 12-2D	PA

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment: Corrective Action: Date: Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Plunger Lift

0

Comment: Corrective Action: Date:

Type: Gas Meter Run

0

Comment: Corrective Action: Date:

Type: Horizontal Heated Separator

0

Comment: Corrective Action: Date:

Type: Emission Control Device

0

Comment: Corrective Action: Date: **Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	0				,

Comment: Corrective Action: Date: **Paint**Condition: Other (Content) Other (Capacity) Other (Type) **Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	<input type="text"/>			<input type="text"/>
Corrective Action:	<input type="text"/>			Date: <input type="text"/>

Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	0				,	
Comment:						
Corrective Action:						Date:
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment:						
Corrective Action:						Date:
Venting:						
Yes/No						
Comment:						
Corrective Action:					Date:	
Flaring:						
Type						
Comment:						
Corrective Action:					Date:	

Inspected Facilities

Facility ID: 424005 Type: WELL API Number: 123-33832 Status: PR Insp. Status: PA

CementCement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: Plugged, form 6(s) document number: 401798808

Corrective Action: _____

Date: _____

Facility ID: 424008 Type: WELL API Number: 123-33833 Status: PR Insp. Status: PA

CementCement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: Plugged, Form 6(S) Document number: 401797198

Corrective Action: _____

Date: _____

Facility ID: 424021 Type: WELL API Number: 123-33840 Status: PR Insp. Status: PA

CementCement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: Well plugged, Form 6(S) document number: 401795215

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
Gravel	Pass					

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT**COGCC Comments**

Comment	User	Date
All wells on the location have been plugged. Battery and all associated equipment has been removed. Location is awaiting reclamation effort.	carlilec	01/14/2019

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

Document Num	Description	URL
690002988	Photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4703017