

**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:

03/22/2019

Submitted Date:

03/25/2019

Document Number:

680304815

FIELD INSPECTION FORM

Loc ID 313874 Inspector Name: SCHURE, KYM 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: 10491
Name of Operator: STARLIGHT ENERGY CORPORATION
Address: 11757 WEST KEN CARYL AVENUE F-303
City: LITTLETON State: CO Zip: 80127

Findings:

10 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
Bentley, Brian S.	(303) 892-8830	BBENTLEY@STARLIGHTENERGY.US	Operator
Burn, Diana		diana.burn@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
226659	WELL	SI	04/22/1979	GW	087-07397	STROH 1	SI

General Comment:

2018 Snapshot List - Routine Inspection FIR - Well has not been produced, spoke to Mr. Bentley (Operator) stating that the GW was intended to be put into production in the summer of 2019 providing NG for electrical generator selling electricity to the utility company. COGCC requires a well that is in SI/TA status for this length of time must have a successful MIT performed prior to production. (5)yr. MIT due before 11/5/2019.

Note to Operator: Please contact COGCC Engineering Supervisor (Diana Burn) for directives.

Location

Lease Road:			
Type	Access		
comment:	Grassland/Range two track.		
Corrective ActionL		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

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

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Steel panel		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:	Satisfactory		
Corrective Action:		Date:	

Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 226659 Type: WELL API Number: 087-07397 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment:

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
Other	In Process	Other	In Process			

Comment: [Use BMP's for stormwater erosion management](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
NOTE TO OPERATOR: CONTACT COGCC ENGINEERING FOR DIRECTIVES PRIOR TO PRODUCING WELL. MIT REQUIRED BEFORE 11/05/2019.	schureky	03/25/2019