

FORM
INSPRev
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:

04/19/2019

Submitted Date:

04/19/2019

Document Number:

680304889

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
312139 _____ SCHURE, KYM _____ 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: 35190
Name of Operator: GRAYHORSE OPERATING INC
Address: 20 EAST 5TH ST STE 320
City: TULSA State: OK Zip: 74103

Findings:

8 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
,		kyancey@grayhorse.net	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
218811	WELL	IJ	05/01/2000	DSPW	075-05562	HOXIE 2 WD	AC

General Comment:

Routine Site Inspection

NOTE TO OPERATOR: Last UIC/MIT dated 06/11/2014. Current UIC/MIT due before 06/11/2019. Schedule test with N.E. Field Inspector, notification with Form 42 and provide (2) copies of the Form 21 on-site @ day and time of MIT.

Location

Lease Road:			
Type	Access		
comment:	Two track across dryland		
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:	Pipe cage @ wellhead		
Corrective Action:			Date:

Equipment:			
Type: Other	# 0		corrective date
Comment:	No change		
Corrective Action:			Date:

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

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 218811 Type: WELL API Number: 075-05562 Status: IJ Insp. Status: AC

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:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
NOTE TO OPERATOR: Schedule UIC/MIT with Field Inspector Schure prior to 6/11/1019. File Form 42 with date and time.	schureky	04/19/2019