

**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:

04/24/2019

Submitted Date:

04/25/2019

Document Number:

688304524

**FIELD INSPECTION FORM**

Loc ID 317099 Inspector Name: Sherman, Susan 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: 95620  
Name of Operator: WESTERN OPERATING COMPANY  
Address: 1165 DELAWARE STREET #200  
City: DENVER State: CO Zip: 80204

**Findings:**

- 7 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
Quint, Craig		craig.quint@state.co.us	
James, Steve	(303) 893-2438	steve@westernoperating.com	President
Crumley, Tim	(970) 768-5659	tcrumley@comcast.net	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
236253	WELL	IJ	10/15/2011	DSPW	121-08743	BASLER 1	AC

**General Comment:**

Annual UIC visuals of tubing, casing and bradenhead pressures.

**Location**

Overall Good:

**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	303-893-2438	Date:	
Corrective Action:			

Overall Good:

**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

Type	WELLHEAD		
Comment:	cattle wire panels		
Corrective Action:		Date:	

**Equipment:**

Type	#	corrective date
Bradenhead	# 1	
Comment:		
Corrective Action:		Date:
Deadman # & Marked	# 1	
Comment:		
Corrective Action:		Date:
Ancillary equipment	# 1	
Comment:	shed	
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		,
Comment:					
Corrective Action:				Date:	

**Paint**

Condition	<input type="text"/>
Other (Content)	<input type="text"/>
Other (Capacity)	<input type="text"/>
Other (Type)	<input type="text"/>

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:			Date:

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:			Date:

**Location Construction**

Location ID: 236253 CDP: \_\_\_\_\_

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Form 2A COAs:**

**Comment:**

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 Facilities**

Facility ID: 236253 Type: WELL API Number: 121-08743 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 250 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND  
 TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 07/21/2017  
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Casing has slight blow with packer fluid that died immediately. Bradenhead had slight flow, no fluids that died immendiately.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Attached Documents**

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

Document Num	Description	URL
688304531	Western Operating Basler 1 sign	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807307">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807307</a>
688304532	Western Operating Basler 1 well	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807308">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807308</a>
688304533	Western Operating Basler 1 well flowline	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807309">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807309</a>