

**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:

04/30/2019

Submitted Date:

04/30/2019

Document Number:

692601776

**FIELD INSPECTION FORM**

Loc ID 321074 Inspector Name: Welsh, Brian 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: 61650  
Name of Operator: MURFIN DRILLING COMPANY INC  
Address: 250 N WATER ST STE 300  
City: WICHITA State: KS Zip: 67202

**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	
Melland, Tom	(316) 858-8695	tmelland@murfininc.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205961	WELL	SI	01/01/2019	ERIW	009-06376	S E CAMPO UNIT 402W	AC

**General Comment:**

[Routine UIC Inspection](#)

Location				
<b>Lease Road:</b>				
	Type	Access		
	comment:	Gravel road through pasture		
	Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>				
<b>Signs/Marker:</b>				
	Type	WELLHEAD		
	Comment:	Lease sign by wellhead		
	Corrective Action:			Date:
<b>Emergency Contact Number:</b>				
	Comment:	<input style="width: 100%;" type="text"/>		
	Corrective Action:	<input style="width: 100%;" type="text"/>		
Date: _____				
Overall Good: <input checked="" type="checkbox"/>				
<b>Spills:</b>				
Type	Area	Volume		
In Containment: No				
	Comment:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?				
<b>Fencing/:</b>				
	Type	WELLHEAD		
	Comment:	Pipe fence around wellhead		
	Corrective Action:			Date:
	Type	OTHER		
	Comment:	Pipe fence around cathodic rectifier		
	Corrective Action:			Date:
<b>Equipment:</b>				
				corrective date
Type:	Ancillary equipment	# 3		
	Comment:	Wellhead w/water meter, cathodic rectifier and electric panel		
	Corrective Action:			Date:
Type:	Deadman # & Marked	# 4		
	Comment:			
	Corrective Action:			Date:
<b>Venting:</b>				
	Yes/No	NO		
	Comment:			
	Corrective Action:			Date:
<b>Flaring:</b>				
Type				

Comment:		
Corrective Action:	Date:	

**Inspected Facilities**

Facility ID: 205961 Type: WELL API Number: 009-06376 Status: SI Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-21" Hg</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>LSNGC</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/16/2017</u>
			AnnMTReq: <u>NO</u>

Comment: CASING WAS DEAD. TBG IJ @ -21" Hg

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

Method of Injection: PUMP FEED

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

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

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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT