

**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:

692601777

**FIELD INSPECTION FORM**

Loc ID 321081 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:**

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 |
|--------------|----------------|-------------------------|---------|
| Melland, Tom | (316) 858-8695 | tmelland@murfininc.com  |         |
| Quint, Craig |                | craig.quint@state.co.us |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name       | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 205978      | WELL | SI     | 01/01/2019  | ERIW       | 009-06393 | S E CAMPO UNIT 601W | AC          |

**General Comment:**

[Routine UIC Inspection](#)

**Location**

|                    |                             |  |       |
|--------------------|-----------------------------|--|-------|
| <b>Lease Road:</b> |                             |  |       |
| Type               | Access                      |  |       |
| comment:           | Gravel road through pasture |  |       |
| Corrective Action: |                             |  | Date: |

Overall Good:

|                      |                        |  |       |
|----------------------|------------------------|--|-------|
| <b>Signs/Marker:</b> |                        |  |       |
| Type                 | WELLHEAD               |  |       |
| Comment:             | Lease sign by wellhead |  |       |
| Corrective Action:   |                        |  | Date: |

|                                  |  |  |             |
|----------------------------------|--|--|-------------|
| <b>Emergency Contact Number:</b> |  |  |             |
| Comment:                         |  |  |             |
| Corrective Action:               |  |  | Date: _____ |

Overall Good:

|                |      |        |  |
|----------------|------|--------|--|
| <b>Spills:</b> |      |        |  |
| Type           | Area | Volume |  |

In Containment: No

Comment:

Multiple Spills and Releases?

|                    |                                |  |       |
|--------------------|--------------------------------|--|-------|
| <b>Fencing/:</b>   |                                |  |       |
| Type               | WELLHEAD                       |  |       |
| Comment:           | Pipe fence around wellhead     |  |       |
| Corrective Action: |                                |  | Date: |
| Type               | OTHER                          |  |       |
| Comment:           | Pipe fence around solar panels |  |       |
| Corrective Action: |                                |  | Date: |

|                           |                                                          |  |                 |
|---------------------------|----------------------------------------------------------|--|-----------------|
| <b>Equipment:</b>         |                                                          |  | corrective date |
| Type: Deadman # & Marked  | # 4                                                      |  |                 |
| Comment:                  |                                                          |  |                 |
| Corrective Action:        |                                                          |  | Date:           |
| Type: Ancillary equipment | # 3                                                      |  |                 |
| Comment:                  | Wellhead w/water meter, solar powered cathodic rectifier |  |                 |
| Corrective Action:        |                                                          |  | Date:           |

|                         |                              |          |                     |         |                       |
|-------------------------|------------------------------|----------|---------------------|---------|-----------------------|
| <b>Tanks and Berms:</b> |                              |          |                     |         |                       |
| Contents                | #                            | Capacity | Type                | Tank ID | SE GPS                |
|                         |                              |          | CENTRALIZED BATTERY |         | 37.031760,-102.549700 |
| Comment:                | Central tank battery 2700' E |          |                     |         |                       |
| 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             | NO |  |       |
|--------------------|----|--|-------|
|                    |    |  |       |
| Comment:           |    |  |       |
| Corrective Action: |    |  | Date: |

**Flaring:**

|                    |       |
|--------------------|-------|
| Type               |       |
| Comment:           |       |
| Corrective Action: | Date: |

**Inspected Facilities**

Facility ID: 205978 Type: WELL API Number: 009-06393 Status: SI Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

|            |                                                                     |                              |                             |
|------------|---------------------------------------------------------------------|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>-1" Hg</u><br>(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>LNSNG</u>      |
| Brhd:      | Pressure or inches of Hg _____                                      | Previous Test Pressure _____ | Last MIT: <u>07/27/2016</u> |
|            |                                                                     |                              | AnnMTReq: <u>NO</u>         |

Comment: CASING HAD A STRONG VACUUM, DIED IMMEDIATELY. TBG IJ @ -1" 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