

**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:

05/16/2019

Submitted Date:

05/20/2019

Document Number:

680304999

FIELD INSPECTION FORM

Loc ID 316889 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: 710
Name of Operator: AEON ENERGY CORP
Address: 2600 SOUTH LEWIS WAY #102
City: LAKEWOOD State: CO Zip: 80227

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
Quint, Craig		craig.quint@state.co.us	
Snyder, Barry	303-922-0590	aeonco@aol.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
280793	WELL	IJ	02/01/2008	DSPW	115-06062	HV RANCH 32-1	UN

General Comment:

[UIC Routine Inspection](#)

Location			
Lease Road:			
Type	Access		
comment:	Two track AG land. Maintain lease road		
Corrective Action:			Date:
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	Satisfactory		
Corrective Action:			Date: _____
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Other	# 0		corrective date
Comment:	No change in equipment inventoried		
Corrective Action:			Date:
Venting:			
Yes/No			
Comment:			
Corrective Action:			Date:
Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 280793 Type: WELL API Number: 115-06062 Status: IJ Insp. Status: UN

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-1</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Inj Zone: <u>LKT-J</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>08/09/2017</u>
			AnnMTReq: _____

Comment: Blowdown immediate. Vacuum on tubing.

Corrective Action: _____ Date: _____

Method of Injection: _____

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	In Process	Other	In Process			

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

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
UIC Routine	schureky	05/20/2019