

**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:

05/24/2019

Submitted Date:

05/24/2019

Document Number:

690003612**FIELD INSPECTION FORM**
 Loc ID 302455 Inspector Name: Carlile, Craig On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 10604Name of Operator: COMPLETE ENERGY SERVICES INCAddress: 4727 GAILLARDIA PKWY STE 250City: OKLAHOMA CITY State: OK Zip: 73142**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:9 Number of Comments0 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
Sellmer, Travis	(720) 606-1906	tsellmer@hpdswd.com	All Inspections
Pesicka, Conor		conor.pesicka@state.co.us	
		Jason.Henderson@Complete Energy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
298847	WELL	IJ	04/12/2012	DSPW	123-29168	HPD PLATTEVILLE 1	AC

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	OTHER		
Comment:	Disposal Facility ID at entrance from County Road.		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒

Spills:				
Type	Area	Volume		
In Containment: No				
Comment: <input type="text"/>				
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:			
Type	WELLHEAD		
Comment:	Well located within metal building.		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Other	# 1		
Comment:	Injection Pump		
Corrective Action:		Date:	
Type: Prime Mover	# 2		
Comment:	One 500 Horsepower Electric Motor One 450 Horsepower Electric Motor		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	1000 BBLS	STEEL AST		,
Comment: <input type="text"/>					

Corrective Action:					Date:	
<u>Paint</u>						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared with crude oil tanks.						
Corrective Action:					Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	2	OTHER	STEEL AST		40.216921,-104.719660	
Comment:						
Corrective Action:					Date:	
<u>Paint</u>						
Condition						
Other (Content)						
Other (Capacity) 750 Bbl						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Concrete	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:					Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	6	OTHER	STEEL AST		,	
Comment:						
Corrective Action:					Date:	
<u>Paint</u>						
Condition						
Other (Content)						
Other (Capacity) 750 Bbl						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared with Crude Oil Tanks						
Corrective Action:					Date:	
<u>Venting:</u>						

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 298847 Type: WELL API Number: 123-29168 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: ACGMI

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 06/13/2014

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 776 Csg psi: 1442 BH psi: 0

Insp. Status: _____

Comment: Initial tubing pressure: 776 psi, Initial Casing Pressure: 0 psi, Initial Bradenhead pressure: 0 psi
 Casing pressure was raised to 1442 and remained stable at 1442 at the 5, 10 and 15 minute test duration.
 Casing pressure was then disapated and returned to 0 psi.

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
On Thursday, May 23, 2019, at 11:51, I, Craig Carlile conducted an on-site inspection at: High Plains Injection Facility, COGCC location number: 302455 Operated by Complete Energy While there I observed: 5 Year Required MIT test of injection well. Form 21 to be submitted by operator. Weather: Overcast, temp 42 degees F Possible compliance issues observed: None This is a summary of the inspection Report.	carlilec	05/24/2019

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

Document Num	Description	URL
690003613	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4832322