

**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:

05/28/2019

Submitted Date:

06/03/2019

Document Number:

692601953**FIELD INSPECTION FORM**
 Loc ID 321852 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 72185Name of Operator: PRODUCTION MANAGEMENT INCAddress: 5000 BUTTE ST #107City: BOULDER State: CO Zip: 80301**Status Summary:**

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

Findings:6 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
Quint, Craig		craig.quint@state.co.us	
Warren, William	303-449-0557	williamwarren@hotmail.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208225	WELL	IJ	01/01/2017	DSPW	017-07160	COE TRUST 12B-18 2	AC

General Comment:

5 Year UIC MIT

Location**Lease Road:**

Type	Access		
comment:	Trail through farm ground		
Corrective Action:		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date: _____
Corrective Action:		

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Venting:**

Yes/No	YES		
Comment:	2" vent on tubing		
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 208225 Type: WELL API Number: 017-07160 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>STLSP</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/27/2014</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 10" Hg Csg psi: 0 PSIG BH psi: _____Insp. Status: PassComment: INITIAL CSG WAS DEAD. PRESSURED UP CSG WITH AIR COMPRESSOR TO 325 PSIG. 5-MIN 325#. 10-MIN 325#. 15-MIN 325#. 0 PSI LOSS

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
Other	Pass	Other	Pass			

Comment: [Location and access are farmed over](#)

Corrective Action:

Date: _____

Pits: ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
692601963	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4838953