

**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:

06/05/2019

Submitted Date:

06/05/2019

Document Number:

692601978

FIELD INSPECTION FORM

Loc ID 321051 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: 10560
Name of Operator: WEST TEXAS OPERATING CO LLC DBA XTREME
Address: PO BOX 2326
City: VICTORIA State: TX Zip: 77902

Findings:

- 10 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
Hahn, Mike	(361) 570-1600 x24	mhahn@xeogc.com	
Quint, Craig		craig.quint@state.co.us	
Chisolm, Jim	405-642-9437	investmentequipment@gmail.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205894	WELL	SI	08/01/2018	DSPW	009-06309	MCKINLEY 1-20-WD	SI

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:

Type	Access		
comment:	Gravel road through CRP		
Corrective Action			Date:

Overall Good:

Signs/Marker:

Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:	Stickers and stencils on tanks. NFPA label on overflow tank is peeling off and will need replaced		
Corrective Action:			Date:

Emergency Contact Number:

Comment:			
Corrective Action:			Date: _____

Good Housekeeping:

Type	DEBRIS		
Comment:	Misc items laying around. Unused PVC, Polypipe, old tank hatch. Remove items laying inside berms		
Corrective Action:			Date:

Overall Good:

Spills:

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

Equipment:

			corrective date
Type: Ancillary equipment	# 1		
Comment:	Electric panel by wellhead		
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
LUBE OIL	1	<50 BBLS	BV FIBERGLASS		37.156640,-102.278850
Comment:	90% Buried plastic tank for lube oil recovery				
Corrective Action:					Date:

Paint

Condition					
Other (Content)					

Other (Capacity) 300gal	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:					
Corrective Action:					Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	FIBERGLASS AST		37.156640,-102.278850
Comment: 200bbl fiberglass tank on east side of 400bbl tank used for overflow tank					
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment: Shared berms					
Corrective Action:					Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLs	FIBERGLASS AST		37.156640,-102.278850
Comment:					
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:					Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 205894 Type: WELL API Number: 009-06309 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg	<u>-21.5" Hg</u>	Previous Test Pressure	_____	MPP	_____
	(e.g. 30 psig or -30" Hg)				Inj Zone:	<u>WBNS</u>
TC:	Pressure or inches of Hg	<u>0 PSIG</u>	Previous Test Pressure	_____	Last MIT:	<u>08/16/2017</u>
Brhd:	Pressure or inches of Hg	_____	Previous Test Pressure	_____	AnnMTReq:	<u>NO</u>

Comment: CASING HAD A LIGHT BLOW, DIED IMMEDIATELY. TBG INJ @ -21.5" HG

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY 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