

**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:

06/14/2019

Submitted Date:

06/17/2019

Document Number:

688304876**FIELD INSPECTION FORM**

Loc ID 463808 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 35080Name of Operator: GRAND MESA OPERATING COAddress: 1700 N. WATERFRONT PKWY BL 600City: WICHITA State: KS Zip: 67206**Status Summary:**

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

Findings:4 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
Reilly, Michael	(316) 265-3000	mreilly@gmocks.com	Principal Agent
Quint, Craig		craig.quint@state.co.us	
Leonard, Mike		mike.leonard@state.co.us	
Brewer, Phyllis	(316) 265-3000	pbrewer@gmocks.com	Designated Agent
Reilly, Pat	316-265-3000	preilly@gmocks.com	Designated Agent

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
463809	WELL	DG	05/29/2019		073-06761	GRAND CANYON 1-31	DG

General Comment:Accident Inspection

Inspector was notified of a worker accident that occurred on 6/1/2019 per the pusher when a worker was injured during night shift drilling operations and transported to Lincoln County Community Hospital. Forms 22 I and S were requested by inspector to be submitted and this was completed by operator.

Inspected FacilitiesFacility ID: 463809 Type: WELL API Number: 073-06761 Status: DG Insp. Status: DG**Well Drilling**

Rig: Rig Name: WW Rig 20 Pusher/Rig Manager: Charlie
Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ HydriL Type: _____
Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
Multi-Well: _____ Disposal Location: _____

Comment: _____

Corrective Action: _____ Date: _____