

**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:

06/27/2019

Submitted Date:

06/28/2019

Document Number:

688305050

FIELD INSPECTION FORM

Loc ID 317482 Inspector Name: Sherman, Susan 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: 81490
Name of Operator: ST CROIX OPERATING INC
Address: P O BOX 13799
City: DENVER State: CO Zip: 80201

Findings:

- 3 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
Melnychenko, David	(303) 489-8428	davidpmel@yahoo.com	
Quint, Craig		craig.quint@state.co.us	
Melnychenko, Paul	(303) 489-9298	stcroixexp@aol.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
298897	WELL	SI	06/06/2019	OW	121-10990	STATE 11-16	SI

General Comment:

UIC MIT, passed
Stained soil still at wellhead (see previous inspection).

Location

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	steel panels		
Corrective Action:		Date:	

Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 298897 Type: WELL API Number: 121-10990 Status: SI Insp. Status: SI

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: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 11/28/2017

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

Comment:

Corrective Action: Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: -10 Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: Approved Form 21 is attached.

Corrective Action: Date: _____

Attached Documents

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

Document Num	Description	URL
688305054	St Croix State 11-16 wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4865448
688305055	St Croix State 11-16 Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4865449
688305056	St Croix State 11-16 well sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4865450