

**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:
Operator Information:OGCC Operator Number: 81490Name of Operator: ST CROIX OPERATING INCAddress: P O BOX 13799City: DENVER State: CO Zip: 80201**Status Summary:**

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

Findings:3 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
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).

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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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 FacilitiesFacility 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: PassComment: Approved Form 21 is attached.

Corrective Action: _____ Date: _____

Attached DocumentsYou 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