

**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:

07/01/2019

Submitted Date:

07/01/2019

Document Number:

692602094

**FIELD INSPECTION FORM**

Loc ID 324789 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: 95620  
Name of Operator: WESTERN OPERATING COMPANY  
Address: 1165 DELAWARE STREET #200  
City: DENVER State: CO Zip: 80204

**Findings:**

8 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
Hart, Dale	719-688-1638	dale@westernoperating.com	
Quint, Craig		craig.quint@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
212608	WELL	IJ	09/06/2018	DSPW	061-05061	WEAR 1	AC

**General Comment:**

[Routine UIC Inspection](#)

Location						
<b>Lease Road:</b>						
Type	Access					
comment:	Gravel road through pasture					
Corrective Action					Date:	
Overall Good: <input checked="" type="checkbox"/>						
<b>Signs/Marker:</b>						
Type	TANK LABELS/PLACARDS					
Comment:	Metal signs by tanks					
Corrective Action:					Date:	
Type	WELLHEAD					
Comment:	Lease sign by wellhead					
Corrective Action:					Date:	
Emergency Contact Number:						
Comment:						
Corrective Action:					Date:	_____
Overall Good: <input checked="" type="checkbox"/>						
<b>Spills:</b>						
Type	Area	Volume				
In Containment: No						
Comment:						
<input type="checkbox"/> Multiple Spills and Releases?						
<b>Fencing/:</b>						
Type	LOCATION					
Comment:	Wire fence around entire location					
Corrective Action:					Date:	
<b>Equipment:</b>						
					corrective date	
Type: Deadman # & Marked	# 4					
Comment:						
Corrective Action:					Date:	
<b>Tanks and Berms:</b>						
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	4	500 BBLS	FIBERGLASS AST		38.431130,-102.479390	
Comment:	2-North tanks are tan 2-South tanks are black					
Corrective Action:					Date:	
<b>Paint</b>						
Condition						
Other (Content)						
Other (Capacity)						

Other (Type) _____	
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**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment: East side of berms is metal					
Corrective Action:				Date:	

**Venting:**

Yes/No	NO				
Comment:					
Corrective Action:				Date:	

**Flaring:**

Type					
Comment:					
Corrective Action:				Date:	

**Inspected Facilities**

Facility ID: 212608 Type: WELL API Number: 061-05061 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-20" Hg</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>ABCK</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>04/25/2013</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A STRONG BLOW, DIED IMMEDIATELY. TBG IJ @ -20" Hg. Passing MIT performed 5/1/18

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