

**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:

692602098

FIELD INSPECTION FORM

Loc ID 324838 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: 83130
Name of Operator: STRACHAN EXPLORATION INC
Address: 383 INVERNESS PKWY, STE 360
City: ENGLEWOOD State: CO Zip: 80112

Findings:

- 5 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 |
|-----------------|----------------|-----------------------------|---------|
| Strachan, Steve | (303) 785-7006 | sms@strachanexploration.com | |
| Quint, Craig | | craig.quint@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------------|-------------|
| 213034 | WELL | IJ | 04/05/2018 | DSPW | 061-06395 | FRAZEE-BOLYARD 2-35-SWD | AC |

General Comment:

Routine UIC Inspection

Location

| | | | |
|--------------------|---------------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Trail through farm ground | | |
| Corrective Action: | | Date: | |

Overall Good:

| | | | |
|----------------------|------------------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Lease sign by wellhead | | |
| Corrective Action: | | Date: | |

| | | | |
|----------------------------------|----------------------|-------|----------------------|
| Emergency Contact Number: | | | |
| Comment: | <input type="text"/> | | |
| Corrective Action: | <input type="text"/> | Date: | <input type="text"/> |

Overall Good:

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

Multiple Spills and Releases?

| | | | |
|--------------------|----|-------|--|
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|--|-------|--|
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 213034 Type: WELL API Number: 061-06395 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>0 PSIG</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>LYNS</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>04/02/2018</u> |
| | | AnnMTReq: <u>NO</u> | |

Comment: CASING HAD LIGHT BLOW, DIED IMMEDIATELY. TBG WAS DEAD

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Other | Pass | Other | Pass | | | |

Comment: [Location and access are farmed over](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT