

**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:

07/11/2019

Document Number:

692602089**FIELD INSPECTION FORM**

Loc ID _____ Inspector Name: _____ On-Site Inspection ☐
 321605 _____ Welsh, Brian _____ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 96730Name of Operator: WILLIFORD ENERGY COMPANYAddress: 6060 AMERICAN PLAZA SUITE 760City: TULSA State: OK Zip: 74135**Status Summary:**

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

Findings:5 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
Hubbard, Corky	806-658-9758	whubbard@willifordenergy.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207475	WELL	IJ	12/30/2011	ERIW	017-06410	RHOADES UNIT TRACT 3 1	AC

General Comment:

5 Year UIC MIT

Location

Lease Road:			
Type	Access		
comment:	Gravel road through pasture		
Corrective ActionL		Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign mounted to fence		
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	OTHER		
Comment:	Metal panels around cathodic rectifier		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 207475 Type: WELL API Number: 017-06410 Status: IJ Insp. Status: AC**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: MRRWTC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 02/25/2015Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NOComment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 21" Hg Csg psi: 0 PSIG BH psi: _____Insp. Status: PassComment: RIG UP TO CSG WITH NITROGEN BOTTLE. PRESSURE UP TO 325 PSIG. 5-MIN 325#. 10-MIN 325#. 15-MIN 325#. 0 PSI LOSS

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

Document Num	Description	URL
692602145	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4878694