

**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:

07/11/2019

Submitted Date:

07/11/2019

Document Number:

692602139**FIELD INSPECTION FORM**
 Loc ID 324937 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num:                     
**Operator Information:**OGCC Operator Number: 10634Name of Operator: P O & G OPERATING LLCAddress: 5847 SAN FELIPE SUITE 3200City: HOUSTON State: TX Zip: 77057**Status Summary:**

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

**Findings:**12 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
Quint, Craig		craig.quint@state.co.us	
Hudson, Glen	713-589-8186	glenn_hudson@pogresources.com	Engineer

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
213627	WELL	SI	02/15/2019	ERIW	063-06186	LOWE 1-B	AC

**General Comment:**

Routine UIC Inspection

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Elevated gravel road through CRP		
Corrective Action:		Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	BATTERY		
Comment:	Lease sign by tank battery		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers on tank		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

<b>Emergency Contact Number:</b>			
Comment:			
Corrective Action:			
	Date:		

<b>Good Housekeeping:</b>			
Type	WEEDS		
Comment:	Weeds on access need maintenance		
Corrective Action:		Date:	

Overall Good: ☒

<b>Spills:</b>				
Type	Area	Volume		

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Horizontal Heated Separator	# 0		
Comment:	Removed from location		
Corrective Action:		Date:	
Type: Ancillary equipment	# 4		
Comment:	Electric panel, day drum and water pump in metal shed, gas scrubber by HHS		
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	0	400 BBLS	STEEL AST		39.092080,-102.521340

Comment:		Removed from location					
Corrective Action:						Date:	
<u>Paint</u>							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Comment:							
Corrective Action:						Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS		
CRUDE OIL	0	400 BBLs	HEATED STEEL AST		39.092080,-102.521340		
Comment:		Removed from location					
Corrective Action:						Date:	
<u>Paint</u>							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Comment:							
Corrective Action:						Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS		
PRODUCED WATER	1	400 BBLs	FIBERGLASS AST		39.092080,-102.521340		
Comment:							
Corrective Action:						Date:	
<u>Paint</u>							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate			
Comment:							
Corrective Action:						Date:	

<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	
<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

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**Inspected Facilities**Facility ID: 213627 Type: WELL API Number: 063-06186 Status: SI Insp. Status: AC**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg -22" Hg Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: MR-KY

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure \_\_\_\_\_ Last MIT: 12/31/2018

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: NO

Comment: CASING HAD LIGHT PUFF, DIED IMMEDIATELY. TBG IJ @ -22" HG

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
		Culverts	Pass			
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT