

**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: \_\_\_\_\_

**Status Summary:**

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

**Operator Information:**

OGCC Operator Number: 10634  
Name of Operator: P O & G OPERATING LLC  
Address: 5847 SAN FELIPE SUITE 3200  
City: HOUSTON State: TX Zip: 77057

**Findings:**

12 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
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:	<input type="text"/>		
Corrective Action:	<input type="text"/>		
			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:	<input type="text"/>		
<input type="checkbox"/> 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:

<b>Tanks and Berms:</b>					
Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	0	400 BBLs	STEEL AST		39.092080,-102.521340

Comment: <span style="color:blue;">Removed from location</span>					
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: <span style="color:blue;">Removed from location</span>					
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 Sufficent	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:	

**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 <u>-22" 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>MR-KY</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>12/31/2018</u>
			AnnMTReq: <u>NO</u>

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