

**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:

07/15/2019

Submitted Date:

07/15/2019

Document Number:

692602148

**FIELD INSPECTION FORM**

Loc ID 321853 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: 61250  
Name of Operator: MULL DRILLING COMPANY INC  
Address: 1700 N WATERFRONT PKWY B#1200  
City: WICHITA State: KS Zip: 67206-

**Findings:**

6 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	
Akers, Tracy	719-342-1813	takers@mulldrilling.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208227	WELL	SI	12/15/2006	ERIW	017-07162	NWAU 23 WIW	SI

**General Comment:**

[Routine UIC Inspection](#)

<b>Location</b>				
<b>Lease Road:</b>				
	Type	Access		
	comment:	Partially elevated gravel road through farm ground		
	Corrective Action:		Date:	
Overall Good: <input checked="" type="checkbox"/>				
<b>Signs/Marker:</b>				
	Type	WELLHEAD		
	Comment:	Lease sign by cathodic rectifier		
	Corrective Action:		Date:	
<b>Emergency Contact Number:</b>				
	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	WELLHEAD		
	Comment:	Metal panels around wellhead		
	Corrective Action:		Date:	
	Type	OTHER		
	Comment:	Metal cage around cathodic rectifier		
	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: 208227 Type: WELL API Number: 017-07162 Status: SI Insp. Status: SI

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>115 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>MRRW</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/10/2018</u>
			AnnMTReq: <u>NO</u>

Comment: WELL WAS SI AT TIME OF INSPECTION. CASING HAD STRONG BLOW, DIED IMMEDIATELY. TBG SI WITH 115 PSIG

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

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