

**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:

07/25/2019

Submitted Date:

07/26/2019

Document Number:

680305323**FIELD INSPECTION FORM**Loc ID 314058 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 66190Name of Operator: OMIMEX PETROLEUM INCAddress: 7950 JOHN T WHITE ROADCity: FORT WORTH State: TX Zip: 76120**Status Summary:**

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

Findings:3 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 |
|----------------|--------------|-------------------------------|---------|
| Fisher, Jeremy | 970-854-4733 | Jeremy_Fisher@omimexgroup.com | |
| Quint, Craig | | craig.quint@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------------|-------------|
| 292048 | WELL | IJ | 07/01/2018 | DSPW | 095-06149 | MAILANDER SWD 16B-34-6-45 | AC |

General Comment:

UIC Routine Inspection 2019

Inspected FacilitiesFacility ID: 292048 Type: WELL API Number: 095-06149 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -1 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: LKTATC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 08/03/2017

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Tubing on vacuum Casing = 0 psi.

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

COGCC Comments

| Comment | User | Date |
|-------------------------|-----------------|-------------------|
| <u>UIC Routine 2019</u> | <u>schureky</u> | <u>07/26/2019</u> |