

FORM
INSPRev
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:

08/01/2019

Submitted Date:

08/02/2019

Document Number:

688305440

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
316969 _____ Sherman, Susan _____ 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10330

Name of Operator: INVESTMENT EQUIPMENT LLC

Address: 412 W PLATTE AVE

City: FT MORGAN State: CO Zip: 80701

Status Summary:

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

Findings:

5 Number of Comments

1 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 | |
| Chisholm, Jim | 405-642-9437 | investmentequipment@gmail.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 233596 | WELL | SI | 06/04/2018 | OW | 121-05650 | WARD KINCHELOE 1 | AC |

General Comment:

Routine UIC, passed

Location

Overall Good:

| Signs/Marker: | | | |
|----------------------|----------------------|-------|--|
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | CONTAINERS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|---------------------------|--|--|-------------|
| Emergency Contact Number: | | | |
| Comment: | | | |
| Corrective Action: | | | Date: _____ |

| Good Housekeeping: | | | |
|---------------------------|--|--|-------------------------|
| Type | UNUSED EQUIPMENT | | |
| Comment: | Pump jack and chemical container is still on location. | | |
| Corrective Action: | Comply with Rule 603.f . | | Date: <u>11/05/2019</u> |

Overall Good:

| Spills: | | | |
|----------------|------|--------|--|
| Type | Area | Volume | |
| | | | |

In Containment: No

Comment: _____

Multiple Spills and Releases?

| Fencing/: | | | |
|--------------------|--------------------|-------|--|
| Type | WELLHEAD | | |
| Comment: | cattle wire panels | | |
| Corrective Action: | | Date: | |

| Equipment: | | | |
|--------------------------|-----|-------|-----------------|
| Type: Bradenhead | # 1 | | corrective date |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | |
|--------------------|-----|-------|
| Type: Pump Jack | # 1 | |
| Comment: | | |
| Corrective Action: | | Date: |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|--------|
| PRODUCED WATER | 1 | 400 BBLs | STEEL AST | | , |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | |
|------------------|--|
| Condition | |
| Other (Content) | |
| Other (Capacity) | |
| Other (Type) | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|-----------------------------|---------------------|---------------------|-------------|
| | | | | |
| Comment: | same berms as 300 bbl tanks | | | |
| Corrective Action: | | | | Date: |

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|--------|
| PRODUCED WATER | 2 | 300 BBLs | STEEL AST | | , |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | |
|------------------|--|
| Condition | |
| Other (Content) | |
| Other (Capacity) | |
| Other (Type) | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

Venting:

| | | |
|--------------------|-------|--|
| Yes/No | | |
| Comment: | | |
| Corrective Action: | Date: | |

Flaring:

| | |
|----------|--|
| Type | |
| Comment: | |

Corrective Action:

Date:

Inspected Facilities

Facility ID: 233596 Type: WELL API Number: 121-05650 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -2 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 05/16/2018
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment:

Corrective Action: Date: _____

Method of Injection: GRAVITY FEED

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

Insp. Status: _____

Comment:

Corrective Action: Date: _____

Attached Documents

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

| Document Num | Description | URL |
|--------------|---------------------------------------|---|
| 688305460 | Investment Equipment Ward Kincheloe 1 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4899514 |