

**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:

08/21/2019

Submitted Date:

08/21/2019

Document Number:

693501146**FIELD INSPECTION FORM**

Loc ID Inspector Name: On-Site Inspection ☐
 456966 Silver, Randy 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10580Name of Operator: EXPEDITION WATER SOLUTIONS COLORADO LLCAddress: 2015 CLUBHOUSE DR SUITE 201City: GREELEY State: CO Zip: 80634**Status Summary:**

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

Findings:4 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
,		dnr_cogccengineering@state.co.us	
Goddard, Nick	(970) 302-2645	ngoddard@expedition-water.com	Facility Manager EWS #3
Koehler, Bob		bob.koehler@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
456970	WELL	SI	06/06/2019	DSPW	123-47688	EWS 6B	SI

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	OTHER		
Comment:	location adequate		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type			
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 456970 Type: WELL API Number: 123-47688 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: 0 Csg psi: 0 BH psi: 0

Insp. Status: _____

Comment: Witnessed MIT. Starting pressure's beforetest Tbg psi 0, Csg psi 0, BH psi 0. Started test at approx 8:27 AM. Starting pressure 2381 psi, 5 min 2380 psi, 10 min 2380 psi, 15 min 2381 psi. This is a new injection well this is the first MIT.

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>Initial MIT on UIC well.</u>	silverr	08/21/2019

Attached Documents

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

Document Num	Description	URL
693501147	loc pic	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4915502