

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:

08/21/2019

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: 10580
Name of Operator: EXPEDITION WATER SOLUTIONS COLORADO LLC
Address: 2015 CLUBHOUSE DR SUITE 201
City: 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 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
,		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:

Location

Overall Good:

Signs/Marker:			
Type	OTHER		
Comment:	location adequate		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

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
Initial MIT on UIC well.	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