

**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:

09/04/2019

Submitted Date:

09/04/2019

Document Number:

692602468

FIELD INSPECTION FORM

Loc ID 321010 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: 10626
Name of Operator: DOVER ATWOOD CORPORATION
Address: 1875 HARSH AVENUE SE
City: MASSILLON State: OH Zip: 44646

Findings:

12 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
Crane, Rocky	(719) 529-0682	rockycrane@yahoo.com	
Levengood, John	(330) 809-0630	jlevengood07@gmail.com	BACA Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205764	WELL	PR	04/01/2015	GW	009-06176	STATE OF COLORADO 1-16	PR

General Comment:

[Routine Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Two track through pasture		
Corrective Action:			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign on meter run door		
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	<input type="text"/>		
Corrective Action:	<input type="text"/>		Date: _____

Good Housekeeping:			
Type	DEBRIS		
Comment:	Remove debris from around water tank		
Corrective Action:			Date:

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	PUMP JACK		
Comment:	Wire panels around unit and wellhead		
Corrective Action:			Date:

Equipment:			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:	Whitaker unit. Horsehead removed at time of inspection and stored next to unit		
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Electric motor		
Corrective Action:			Date:
Type: Ancillary equipment	# 2		
Comment:	Electric panel and cathodic rectifier		

Corrective Action:	Date:
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Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	FIBERGLASS AST		37.341110,-102.269750

Comment: [Fiberglass water tank not in use. Water leg disconnected](#)

Corrective Action:	Date:
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Paint

Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Comment: [Repair and maintain berms if put back into service](#)

Corrective Action:	Date:
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Venting:

Yes/No				
Comment:				
Corrective Action:				Date:

Flaring:

Type				
Comment:				
Corrective Action:				Date:

Inspected Facilities

Facility ID: 205764 Type: WELL API Number: 009-06176 Status: PR Insp. Status: PR

Producing Well

Comment: Casing valve is open. Downhole equipment removed from wellbore.

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
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT