

**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:

09/05/2019

Submitted Date:

09/05/2019

Document Number:

695101300

**FIELD INSPECTION FORM**

Loc ID 307780 Inspector Name: Beardslee, Tom On-Site Inspection  2A Doc Num: \_\_\_\_\_

**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**

**Operator Information:**

OGCC Operator Number: 10471  
Name of Operator: ARP PRODUCTION COMPANY LLC  
Address: 425 HOUSTON STREET SUITE 300  
City: FORTH WORTH State: TX Zip: 76102

**Contact Information:**

Contact Name	Phone	Email	Comment
Madison, Randy	575-445-6706/575-420-1120	rmadison@wapitienergy.com	EHS Specialist
Mattorano, Michael	575-445-6704/505-652-0416	mmattorano@wapitienergy.com	Production superintendent
Berry, Matthew	575-445-6785/505-652-8275	mberry@wapitienergy.com	Production Foreman

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159047	UIC DISPOSAL	AC	07/25/2000		-	VPR C 39	AC
256895	WELL	SI	02/28/2015	DSPW	071-06946	VPR C 39	SI

**General Comment:**

**Location**

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Equipment:**

Type	Area	Volume	corrective date
Compressor	# 1		
Comment:			
Corrective Action:			Date: _____

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date: _____

**Flaring:**

Type		
Comment:		
Corrective Action:		Date: _____

**Inspected Facilities**

Facility ID: 159047 Type: UIC API Number: - Status: AC Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: 1000

UIC Routine

Inj./Tube: Pressure or inches of Hg -10 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: \_\_\_\_\_  
 TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: \_\_\_\_\_  
 Brhd: Pressure or inches of Hg 50 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: pressure on bradehead flew down in app. 5 min. bradenhead continude slight vacuum throughout the 30 min. monitor.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 256895 Type: WELL API Number: 071-06946 Status: SI Insp. Status: SI

**Attached Documents**

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

Document Num	Description	URL
695101302	INSPECTION PHOTOS	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4934948">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4934948</a>