

**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:

09/06/2019

Submitted Date:

09/06/2019

Document Number:

695101311**FIELD INSPECTION FORM**
 Loc ID 307276 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10672Name of Operator: TIMBER CREEK OPERATING LLCAddress: 6295 GREENWOOD PLAZA BLVD #100City: GREENWOOD State: CO Zip: 8111-**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**7 Number of Comments2 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
Pesicka, Conor		conor.pesicka@state.co.us	
Mack, Ronald		ronaldmack@tcenergyllc.com	All Inspections
Santistevan, Vince	719-845-2102/719-680-9705	vincesantistevan@tcenergyllc.com	All Inspections
Fitzgerald, Eddie		eddiefitzgerald@tcenergyllc.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150278	UIC DISPOSAL	AC	01/07/1990		-	APACHE CANYON 10-3	AC
217350	WELL	IJ	05/13/2010	DSPW	071-06126	APACHE CANYON 10-3	IJ

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:	PHOTO 2: WELL SIGN/ 911 NOT INCLUDED WITH EMERGENCY CONTACT ON LOCATION SIGN.		
Corrective Action:	INCLUDE 911 AS AN EMERGENCY CONTACT ON LOCATION SIGNS. COMPLY WITH RULE 210.b.	Date:	10/06/2019

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	WEEDS		
Comment:	PHOTO 1: WELLHEAD/ WEEDS AROUND WELLHEAD. PHOTO 4: WEEDS AROUND PUMP HOUSE. PHOTO 5: WEEDS AROUND TANK BATTERY CONTAINMENT.		
Corrective Action:	CUT WEEDS AND MAINTAIN WEEDS AROUND EQUIPMENT IN ACCORANCE WITH RULE 603.f.	Date:	10/06/2019

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

Type: Compressor	# 1		corrective date
Comment:	transfer pump		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 150278 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -10.2 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____
 TC: Pressure or inches of Hg -18 Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: T-C vacuum bleed of off in app. 3 minutes monitored for 30 min. no flow of gasses or fluids.

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 217350 Type: WELL API Number: 071-06126 Status: IJ Insp. Status: IJ

Attached Documents

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

Document Num	Description	URL
402173776	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4934962
695101312	inspection photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4934953