

**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:

10/31/2019

Submitted Date:

11/06/2019

Document Number:

689803283**FIELD INSPECTION FORM**Loc ID 312939 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 95960Name of Operator: WEXPRO COMPANYAddress: P O BOX 45003City: SALT LAKE CITY State: UT Zip: 84145-**Status Summary:**

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

**Findings:**3 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 |
|--------------|-------|-------------------------------|---------|
|              |       | Tammy.Fredrickson@questar.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 222945      | WELL | PR     | 06/01/2018  | OW         | 081-06307 | WILSON F. 25  | SI          |

**General Comment:**

Routine FIU inspection.

**Location**Overall Good: ☒**Signs/Marker:**

|                    |                      |       |  |
|--------------------|----------------------|-------|--|
| Type               | TANK LABELS/PLACARDS |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |
| Type               | WELLHEAD             |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |
| Type               | BATTERY              |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |

Emergency Contact Number:

Comment: 1-800-341-3129

Corrective Action:

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

Overall Good: ☒**Spills:**

|      |      |        |  |  |
|------|------|--------|--|--|
| Type | Area | Volume |  |  |
|------|------|--------|--|--|

In Containment: No

Comment:

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

|                                   |     |       |                 |
|-----------------------------------|-----|-------|-----------------|
| Type: Emission Control Device     | # 1 |       | corrective date |
| Comment:                          |     |       |                 |
| Corrective Action:                |     | Date: |                 |
| Type: Bird Protectors             | #   |       |                 |
| Comment:                          |     |       |                 |
| Corrective Action:                |     | Date: |                 |
| Type: Deadman # & Marked          | # 4 |       |                 |
| Comment:                          |     |       |                 |
| Corrective Action:                |     | Date: |                 |
| Type: Horizontal Heated Separator | # 1 |       |                 |
| Comment:                          |     |       |                 |
| Corrective Action:                |     | Date: |                 |
| Type: Horizontal Heater Treater   | # 1 |       |                 |
| Comment:                          |     |       |                 |
| Corrective Action:                |     | Date: |                 |
| Type: Pump Jack                   | # 1 |       |                 |
| Comment:                          |     |       |                 |

|                     |     |       |  |
|---------------------|-----|-------|--|
| Corrective Action:  |     | Date: |  |
| Type: Gas Meter Run | # 1 |       |  |
| Comment:            |     |       |  |
| Corrective Action:  |     | Date: |  |

**Tanks and Berms:**

| Contents           | # | Capacity | Type             | Tank ID | SE GPS |
|--------------------|---|----------|------------------|---------|--------|
| CONDENSATE         | 1 | 400 BBLs | HEATED STEEL AST |         | ,      |
| Comment:           |   |          |                  |         |        |
| Corrective Action: |   |          |                  |         | Date:  |

**Paint**

|                  |          |  |
|------------------|----------|--|
| Condition        | Adequate |  |
| Other (Content)  |          |  |
| Other (Capacity) |          |  |
| Other (Type)     |          |  |

**Berms**

| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Metal              | Adequate |                     |                     | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     | Date:       |

**Venting:**

|                    |    |       |
|--------------------|----|-------|
| Yes/No             | NO |       |
| Comment:           |    |       |
| Corrective Action: |    | Date: |

**Flaring:**

|                    |       |
|--------------------|-------|
| Type               |       |
| Comment:           |       |
| Corrective Action: | Date: |

| Inspected Facilities   |        |       |      |             |           |         |    |               |    |
|--|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID:   | 222945 | Type: | WELL | API Number: | 081-06307 | Status: | PR | Insp. Status: | SI |
| Idle Well  |        |       |      |             |           |         |    |               |    |
| Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____ |        |       |      |             |           |         |    |               |    |
| Comment: _____   |        |       |      |             |           |         |    |               |    |
| 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

Comment: [No apparent soil migration; erosion or soil movement.](#)

Corrective Action:

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

**Pits:** ☐ NO SURFACE INDICATION OF PIT

**Attached Documents**

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

| Document Num | Description      | URL   |
|--------------|------------------|---|
| 689803284    | Inspection Photo | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4982288">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4982288</a> |