

**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:

11/08/2019

Submitted Date:

11/12/2019

Document Number:

688306287

FIELD INSPECTION FORM
 Loc ID 416953 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num:
Operator Information:

OGCC Operator Number: 10706

Name of Operator: D90 ENERGY LLC

Address: 202 TRAVIS STREET #402

City: HOUSTON State: TX Zip: 77002

Status Summary:

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

Findings:

9 Number of Comments

1 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	
Oakes, Kevin	713-227-0391	kevin@d90energy.com	Designated Agent
Silverman, Daniel	713-227-0391	dsilverman@d90energy.com	President
McCann, Randall	337-654-9804	rmccann@pcminc.com	Designated Agent

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
416957	WELL	IJ	10/20/2017	DSPW	073-06413	JOHN CRAIG 7-2	AC

General Comment:

Routine Inspection

Form 10 is in process, sending inspection to both operators until approved.

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	OTHER		
Comment:	lease sign at access road and sign at tank battery		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 303-638-6096

Corrective Action:

Date: _____

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	barbed wire		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Location Construction

Location ID: 416957 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: Form: (04) 401216017 04/27/2017 1) Venting or flaring of natural gas shall comply with COGCC Rule 912. 2) Submit requests to flare annually to COGCC on Form 4 (Sundry Notice), which discusses timing to connect to sales line, plans to develop infrastructure, and justification for continued venting/flaring. Provide gas analysis including H₂S with each Sundry Notice. 3) Report flaring volumes on Form 7, Operator's Monthly Report of Operations. 4) The operator is required to obtain and maintain any required air permits from CDPHE. The combustion device must comply with applicable design destruction efficiency for hydrocarbons (typically enclosed device 98%).

Corrective Action: Submit Form 4 for review and approval to vent or flare.

Date: 11/13/2019

Wildlife BMPs:**Comment:** _____

Corrective Action: _____

Date: _____**Comment:** _____**Corrective Action:** _____**Date:** _____**On Site Inspection (305):**Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected FacilitiesFacility ID: 416957 Type: WELL API Number: 073-06413 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -24 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: CDHL

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 07/08/2019

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Not injecting at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

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

Document Num	Description	URL
402237196	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4986282
688306304	D90 Energy/KTM John Craig 7-2 well sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4986274
688306305	D90 Energy/KTM John Craig 7-2 well head	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4986275
688306306	D90 Energy/KTM John Craig 7-2 casing/bradenhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4986276
688306307	D90 Energy/KTM John Craig 7-2 tubing	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4986277