

**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:

12/05/2019

Submitted Date:

12/06/2019

Document Number:

688306437**FIELD INSPECTION FORM**Loc ID 317045 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 95620Name of Operator: WESTERN OPERATING COMPANYAddress: 1165 DELAWARE STREET #200City: DENVER State: CO Zip: 80204**Status Summary:**

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

Findings:9 Number of Comments1 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 |
|--------------|----------------|--|------------------|
| Crumley, Tim | (970) 768-5659 | tcrumley@tcrumleypumpingse vice.com | |
| James, Steve | (303) 893-2438 | steve@westernoperating.com | President |
| Reid, Marta | (303) 893-2438 | marta@westernoperating.com | Designated Agent |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 234906 | WELL | PR | 07/26/2012 | OW | 121-07049 | XENIA WEST UNIT 4-4 | PR |

General Comment:

Routine Inspection

Well sign is missing.

LocationOverall Good: ☒

| | | | |
|----------------------|--|-------|------------|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | missing, may have blown away, three other well signs and tank battery are available for contact info | | |
| Corrective Action: | Install sign to comply with Rule 210.b. | Date: | 01/10/2020 |

| | | | |
|---------------------------|--|--|-------------|
| Emergency Contact Number: | | | |
| Comment: | | | |
| Corrective Action: | | | Date: _____ |

Overall Good: ☐

| | | | | | |
|----------------|------|--------|--|--|--|
| Spills: | | | | | |
| Type | Area | Volume | | | |

In Containment: No

Comment: ☐ Multiple Spills and Releases?

| | | | |
|--------------------|----------|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------------|--------------------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Prime Mover | # 1 | | |
| Comment: | electric | | |
| Corrective Action: | | Date: | |
| Type: Pump Jack | # 1 | | |
| Comment: | chemical container | | |
| Corrective Action: | | Date: | |

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

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

Location Construction

Location ID: 234906 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action: _____

Date: _____

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 Facilities | | | | | | | | | |
|----------------------|---|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 234906 | Type: | WELL | API Number: | 121-07049 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | PR. Sep 2019 production reported to COGCC database. | | | | | | | | |
| 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 |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| | | | | Material Handling And Spill Prevention | Pass | |

Comment:

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 |
|--------------|--|---|
| 688306460 | Western Operating Xenia West Unit 4-4 well | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5007652 |
| 688306461 | Western Operating Xenia West Unit 4-4 wellhead | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5007653 |
| 688306462 | Western Operating Xenia West Unit 4-4 flowline | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5007654 |