

FORM
INSPRev
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:

12/13/2019

Document Number:

680306078

FIELD INSPECTION FORM

Loc ID 312309 Inspector Name: SCHURE, KYM On-Site Inspection 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10330
Name of Operator: INVESTMENT EQUIPMENT LLC
Address: 412 W PLATTE AVE
City: FT MORGAN State: CO Zip: 80701

Status Summary:

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

Findings:

8 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**

Contact Information:

Contact Name	Phone	Email	Comment
Francis, Greg	(720) 351-4006	gfrancis@geopinion.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
221164	WELL	SI	01/01/2019	OW	075-09290	COLORADO 4-10	PA

General Comment:

P&A Day (2) [Begin reclamation process upon completion of P&A](#)

Location

Lease Road:			
Type	Access		
comment:	Two track grassland - Begin reclamation process upon completion of P&A. Continue Stormwater BMP's until final reclamation is approved.		
Corrective ActionL		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	Satisfactory		
Corrective Action:		Date:	_____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

Multiple Spills and Releases?

Equipment:			corrective date
Type: Other	# 0		
Comment:	Remove all equipment from location and begin reclamation process.		
Corrective Action:		Date:	

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

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 221164 Type: WELL API Number: 075-09290 Status: SI Insp. Status: PA

Cement

Cement Contractor

Contractor Name: Bohler Well Service

Contractor Phone: 970-522-3078

Surface Casing

Cement Volume (sx): 100

Circulate to Surface: YES

Cement Fall Back: NO

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): 2

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): 4450,230

Cement Volume (sx): 2+100

Good Return During Job: YES

Cement Type: II

Comment: Safety JSA meeting w/daily work plan, hooked up cement pump/equipment, established circulation, mixed (100)sks cement plug (20.48)bbls. (15.4#), pumped down hole until cement in returns, RD, shut in well, shut down for night. Hauled (40) bbls. to disposal, broke out flowline at battery, vac flowline @ wellhead, cleared flowline, capped flowline. CUT/CAP/BACKFILL TO FOLLOW:

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
Gravel	In Process	Other	In Process			

Comment: [Use BMP's for erosion management until final reclamation is approved. Begin reclamation process upon completion of P&A](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
P&A DAY (2) COMPLETED	schureky	12/13/2019