

**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:

12/23/2019

Submitted Date:

12/30/2019

Document Number:

697000311**FIELD INSPECTION FORM**Loc ID 438370 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10634Name of Operator: P O & G OPERATING LLCAddress: 5847 SAN FELIPE SUITE 3200City: HOUSTON State: TX Zip: 77057**Status Summary:**

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

Findings:7 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
Hudson, Glen	713-589-8186	glenn_hudson@pogresources.com	Engineer

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
438369	WELL	IJ	02/05/2016	ERIW	017-07793	HRMU 11	TA

General Comment:Verification of repairs MIT

Location

Lease Road:			
Type	Access		
comment:	Two track through pasture		
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒

Spills:					
Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	Wire fence around entire location		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 438369 Type: WELL API Number: 017-07793 Status: IJ Insp. Status: TA**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: MRRW7

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 12/15/2015

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: NA Csg psi: 0 PSI BH psi: _____Insp. Status: Pass

Comment: Codell Well Service pulled tbg and set CIBP @ 5328' W/2sxs CMT. INITIAL CSG WAS DEAD. MIRU EXTREME HEAT. LOADED W/2BBL. PRESSURED CSG TO 400 PSIG. 5 MIN 400#. 10 MIN 400#. 15 MIN 400#. 0 PSI LOSS

Corrective Action: _____ Date: _____

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____Comment: Well is TA at time of inspection. Tbg removed and stored neatly next to wellhead

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
Compaction	Pass	Compaction	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
697000341	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5024937