

**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:

01/16/2020

Submitted Date:

01/16/2020

Document Number:

697000401

**FIELD INSPECTION FORM**

Loc ID 321982 Inspector Name: Welsh, Brian On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

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

**Operator Information:**

OGCC Operator Number: 59925  
Name of Operator: MONUMENT GAS MARKETING INC  
Address: P O BOX 950  
City: MONUMENT State: CO Zip: 80132-

**Findings:**

13 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
Campbell, Randy	(719) 481-8029	rcampbell0614@adelphia.net	President

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
299494	WELL	PR	02/28/2012	GW	017-07677	STOUT 1-34	PR

**General Comment:**

[Routine Inspection](#)

<b>Location</b>			
<b>Lease Road:</b>			
Type	Access		
comment:	Dirt road through CRP		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:	Stickers and stencils on tanks		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Lease sign by tank		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	<input style="width: 100%;" type="text"/>		
Corrective Action:	<input style="width: 100%;" type="text"/>		Date: _____
<b>Good Housekeeping:</b>			
Type	WEEDS		
Comment:	Dead weeds need maintenance across location		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Equipment:</b>			
Type: Pump Jack	# 1		corrective date
Comment:	Emsco unit		
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Propane tank		
Corrective Action:			Date:
Type: Vertical Separator	# 1		
Comment:	Vertical gas separator on south side of wellhead		
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Ajax engine. Belts removed at time of inspection		
Corrective Action:			Date:

<b>Tanks and Berms:</b>					
Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	400 BBLs	STEEL AST		38.698930,-102.546760
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	<50 BBLs	FIBERGLASS AST		38.698930,-102.546760
Comment: 40bbls tank on west side of production tank					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment: Shared berms				
Corrective Action:				Date:

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	
	Date:

**Inspected Facilities**

Facility ID: 299494 Type: WELL API Number: 017-07677 Status: PR Insp. Status: PR

**Producing Well**

Comment: [Producing](#)

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