

**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:

03/02/2020

Submitted Date:

03/02/2020

Document Number:

700400299

**FIELD INSPECTION FORM**

Loc ID 314969 Inspector Name: Moran, Rick 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: 10539  
Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORP  
Address: 1125 ESCALANTE DR  
City: RANGELY State: CO Zip: 81648

**Findings:**

- 6 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                         |
|-----------------|--------------|-----------------------------|---------------------------------|
| , Utah Gas Corp | 720-425-0303 | inspections@utahgascorp.com | <a href="#">All inspections</a> |
| Kellerby, Shaun | 970-712-1248 | shaun.kellerby@state.co.us  |                                 |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name         | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 229994      | WELL | PR     | 01/20/1975  | GW         | 103-07653 | DOUGLAS CREEK UNIT 15 | PR          |

**General Comment:**

[COGCC Inspection Report Summary.](#)

On 3-2-2020 at approximately 12:00, inspector Rick Moran, conducted a routine inspection at Utah Gas well Douglas Creek Unit 15 in Rio Blanco county.

The following compliance issues were observed:

- 1) Holes in tank liner near NW corner. Photo 3. Complete by 4-10-2020.

A follow up inspection will occur to ensure the compliance issues have been corrected to comply with COGCC rules.

This is a summary of inspection report 700400299.

**Location**

Overall Good:

| <b>Signs/Marker:</b> |                      |  |       |
|----------------------|----------------------|--|-------|
| Type                 | BATTERY              |  |       |
| Comment:             |                      |  |       |
| Corrective Action:   |                      |  | Date: |
| Type                 | TANK LABELS/PLACARDS |  |       |
| Comment:             |                      |  |       |
| Corrective Action:   |                      |  | Date: |
| Type                 | CONTAINERS           |  |       |
| Comment:             |                      |  |       |
| Corrective Action:   |                      |  | Date: |
| Type                 | WELLHEAD             |  |       |
| Comment:             |                      |  |       |
| Corrective Action:   |                      |  | Date: |

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good:

| <b>Spills:</b> |      |        |  |  |
|----------------|------|--------|--|--|
| Type           | Area | Volume |  |  |
|                |      |        |  |  |

In Containment: No

Comment:

Multiple Spills and Releases?

| <b>Fencing/:</b>   |              |  |       |
|--------------------|--------------|--|-------|
| Type               | TANK BATTERY |  |       |
| Comment:           |              |  |       |
| Corrective Action: |              |  | Date: |
| Type               | TANK BATTERY |  |       |
| Comment:           |              |  |       |
| Corrective Action: |              |  | Date: |

| <b>Equipment:</b>        |     |  | corrective date |
|--------------------------|-----|--|-----------------|
| Type: Plunger Lift       | # 1 |  |                 |
| Comment:                 |     |  |                 |
| Corrective Action:       |     |  | Date:           |
| Type: Gas Meter Run      | # 1 |  |                 |
| Comment:                 |     |  |                 |
| Corrective Action:       |     |  | Date:           |
| Type: Deadman # & Marked | # 4 |  |                 |

|                           |                        |       |
|---------------------------|------------------------|-------|
| Comment:                  |                        |       |
| Corrective Action:        |                        | Date: |
| Type: Ancillary equipment | # 1                    |       |
| Comment:                  | Container of methanol. |       |
| Corrective Action:        |                        | Date: |

**Tanks and Berms:**

| Contents           | # | Capacity | Type     | Tank ID | SE GPS |
|--------------------|---|----------|----------|---------|--------|
| PRODUCED WATER     | 1 | <50 BBLs | Open Top |         | ,      |
| Comment:           |   |          |          |         |        |
| Corrective Action: |   |          |          |         | Date:  |

**Paint**

|                  |          |
|------------------|----------|
| Condition        | Adequate |
| Other (Content)  |          |
| Other (Capacity) | 30 bbl   |
| Other (Type)     |          |

**Berms**

| Type               | Capacity   | Permeability (Wall) | Permeability (Base) | Maintenance      |
|--------------------|--|---------------------|---------------------|------------------|
| Metal              | Adequate   | Walls Insufficient  |                     | Inadequate       |
| Comment:           | Holes in liner near NW corner.   |                     |                     |                  |
| Corrective Action: | Repair or install berms or other secondary containment devices per Rule 906.d.(1). |                     |                     | Date: 04/10/2020 |

**Venting:**

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

**Flaring:**

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

**Inspected Facilities**

Facility ID: 229994 Type: WELL API Number: 103-07653 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

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   |
|--------------|----------------------|---|
| 402329359    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5083080">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5083080</a> |
| 700400300    | inspection photos    | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5083078">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5083078</a> |