

**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:

03/10/2020

Submitted Date:

03/11/2020

Document Number:

693801481

FIELD INSPECTION FORM

Loc ID 313455 Inspector Name: BROWNING, CHUCK 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: 10506
Name of Operator: SEELEY OIL COMPANY LLC
Address: PO BOX 1086
City: CORTEZ State: CO Zip: 81321

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
Labowskie, Steve		steve.labowskie@state.co.us	
Seeley, Nathaniel	(970) 565-2136	nathaniel@seeleyoil.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224030	WELL	IJ	03/04/2014	DSPW	083-06087	MCCLEAN BASIN 2	AC

General Comment:

Routine UIC inspection. Injection well inspection only. No active injection at time of inspection.

Location			
Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Sign at location entrance		
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	970-565-2136		
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Off loading station with filter pods.		
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Pump inside housing		
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:

Tanks and Berms:					
Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLs	Open Top		37.465441,-108.927992
Comment: Blowdown/drain tank for pump housing.					
Corrective Action:					Date:

Paint					
Condition	Adequate				
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
PRODUCED WATER	4	400 BBLs	STEEL AST		37.465507,-108.927806
Comment:					
Corrective Action:					Date:

Paint					
Condition	Adequate				
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:

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

Flaring:					
Type					
Comment:					
Corrective Action:					Date:

Inspected Facilities

Facility ID: 224030 Type: WELL API Number: 083-06087 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: DSCR
TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 08/31/2017
Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Injection well inspection only. No active injection at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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	Ditches	Pass			
Berms	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
693801482	Inspection photos 3/10/2020	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5092750