

**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:

04/29/2020

Submitted Date:

04/29/2020

Document Number:

701000593

**FIELD INSPECTION FORM**

Loc ID 321035 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: 10626  
Name of Operator: DOVER ATWOOD CORPORATION  
Address: 1875 HARSH AVENUE SE  
City: MASSILLON State: OH Zip: 44646

**Findings:**

12 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
Crane, Rocky	(719) 529-0682	rockycrane@yahoo.com	
Levengood, John	(330) 809-0630	jlevengood07@gmail.com	<a href="#">BACA Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205837	WELL	PR	09/02/1982	GW	009-06252	ELLIS 1-25	PR

**General Comment:**

[Routine Inspection](#)

<b>Location</b>			
<b>Lease Road:</b>			
Type	Access		
comment:	Dirt road through farm ground		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign mounted to meter run		
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:	Sticker and stencil on water tank		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	PUMP JACK		
Comment:	Wire panels around unit and wellhead		
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Pump Jack	# 1		corrective date
Comment:	Cabot unit		
Corrective Action:			Date:
Type: Ancillary equipment	# 2		
Comment:	Electric panel and cathodic rectifier		
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Electric motor		
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:	Meter run on east side of wellhead		
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	Open Top		37.316240,-102.104840

Comment: [Fiberglass open top water tank. Tank is empty and not in use at time of inspection](#)

Corrective Action:		Date:	
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**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Comment:

Corrective Action:		Date:	
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**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 205837 Type: WELL API Number: 009-06252 Status: PR Insp. Status: PR

**Producing Well**

Comment: [Producing. Casing production](#)

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