

**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:

04/28/2020

Submitted Date:

04/28/2020

Document Number:

699501198**FIELD INSPECTION FORM**Loc ID 319648 Inspector Name: MEDINA, JUSTIN On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10711Name of Operator: PAINTED PEGASUS PETROLEUM LLCAddress: 16820 BARKER SPRINGS RD #521City: HOUSTON State: TX Zip: 77084**Status Summary:**

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

Findings:4 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
, TROY	713) 818-8152	tmouret@p3petro.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
200691	WELL	SI	09/01/1990	ERIW	001-06094	UPRR-SANDEN-EHN 1-17	SI

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒**Spills:**

Type

Area

Volume

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Ancillary equipment

1

Comment: electric

Corrective Action:

Date:

Venting:

Yes/No

NO

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected FacilitiesFacility ID: 200691 Type: WELL API Number: 001-06094 Status: SI Insp. Status: SI**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: DSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 06/24/2014

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____Comment: SI

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
At time of inspection location appears to be in compliance with COGCC rules. At time of inspection perception of location may have been distorted due to weather conditions.	medinaj	04/28/2020

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
699501199	pics	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5146848