

FORM  
INSPRev  
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:

05/12/2020

Submitted Date:

05/13/2020

Document Number:

699601015

**FIELD INSPECTION FORM**

Loc ID 314031 Inspector Name: SCHURE, KYM On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 66190Name of Operator: OMIMEX PETROLEUM INCAddress: 7950 JOHN T WHITE ROADCity: FORT WORTH State: TX Zip: 76120**Status Summary:**

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

**Findings:**7 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 |
|----------------|--------------|-------------------------------|---------|
| Fisher, Jeremy | 970-854-4733 | Jeremy_Fisher@omimexgroup.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 290236      | WELL | PR     | 10/05/2007  | GW         | 095-06120 | GARRETT 15-33-6-45 | PR          |

**General Comment:**

Routine FIR - SATISFACTORY

| <b>Location</b>  |                                    |        |                 |
|--|------------------------------------|--------|-----------------|
| <b>Lease Road:</b>                                     |                                    |        |                 |
| Type   | Access                             |        |                 |
| comment:   | Two track grassland                |        |                 |
| Corrective ActionL                                     |                                    | Date:  |                 |
| Overall Good: <input type="checkbox"/>                 |                                    |        |                 |
| <b>Signs/Marker:</b>                                   |                                    |        |                 |
| Type   | WELLHEAD                           |        |                 |
| Comment:   | Satisfactory                       |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |
| Emergency Contact Number:                              |                                    |        |                 |
| Comment:   | Satisfactory                       |        |                 |
| 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>Equipment:</b>                                      |                                    |        |                 |
| Type: Other  | # 0                                |        | corrective date |
| Comment:   | No change in equipment inventoried |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |
| <b>Venting:</b>  |                                    |        |                 |
| Yes/No   |                                    |        |                 |
| Comment:   |                                    |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |
| <b>Flaring:</b>  |                                    |        |                 |
| Type   |                                    |        |                 |
| Comment:   |                                    |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |

**Inspected Facilities**

Facility ID: 290236 Type: WELL API Number: 095-06120 Status: PR Insp. Status: PR

**Producing Well**

Comment: NG

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | In Process      | Other                   | In Process            |               |                          |         |

Comment: [Use BMP's for erosion management](#)

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT