

**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:

06/05/2020

Submitted Date:

06/05/2020

Document Number:

701000810**FIELD INSPECTION FORM**Loc ID 324794 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 16520Name of Operator: CHEMCO INCAddress: 6970 SOUTH HOLLY CIR STE 206City: CENTENNIAL State: CO Zip: 80112**Status Summary:**

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

**Findings:**15 Number of Comments2 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
Quint, Craig		craig.quint@state.co.us	
Neher, Gray	303-771-7777	bogray@msn.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
212648	WELL	IJ	07/01/2015	DSPW	061-06008	LINCOLN 2	AC

**General Comment:**

Routine UIC Inspection

### Location

<b>Lease Road:</b>			
Type	Access		
comment:	Two track through pasture		
Corrective Action	L	Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:	Stickers and stencils on tanks		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	No lease sign at wellhead		
Corrective Action:	Install sign to comply with Rule 210.b.	Date:	08/01/2019
Type	BATTERY		
Comment:	Lease sign mounted to stairs at tank battery. Update to current operator		
Corrective Action:	Install sign to comply with Rule 210.c.	Date:	08/01/2019

<b>Emergency Contact Number:</b>	
Comment:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Corrective Action:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Date: _____

Overall Good: ☒

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

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Wire panels around wellhead		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	Wire panels around tank battery		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Prime Mover	# 1		
Comment:	Arrow gas engine		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

Type: Ancillary equipment	# 3	
Comment:	Gas scrubber and triplex pump in metal shed, chemical tank	
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST		38.415630,-102.441750
Comment:	Overflow tank for disposal tanks				
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:	Shared berms				
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	200 BBLS	STEEL AST		38.415630,-102.441750
Comment:	Vent tank on east side of tank battery				
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:	Shared berms				
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	300 BBLS	FIBERGLASS AST		38.415630,-102.441750
Comment:	West tanks are for disposal				
Corrective Action:					Date:

**Paint**

Condition	
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			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**Facility ID: 212648 Type: WELL API Number: 061-06008 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-15" Hg</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>MSSP</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>04/21/2016</u>
		AnnMTReq: <u>NO</u>	

Comment: CASING HAD STRONG BLOW, DIED WITHIN A MINUTE. TBG IJ @ -15" Hg

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
Other	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT