

**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:

06/10/2020

Submitted Date:

06/11/2020

Document Number:

693802087

**FIELD INSPECTION FORM**

Loc ID 336394 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: 200502  
Name of Operator: 31 OPERATING  
Address: 3021 RIDGE RD #156  
City: ROCKWALL State: TX Zip: 75032

**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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
Freeman, Kris	(254) 717-0435	kfreeman@31operating.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
232249	WELL	PR	03/31/2006	OW	103-09920	WRD UNIT 29-33	PR
259655	WELL	IJ	10/01/2018	DSPW	103-10113	WRD UNIT 29-33 WDW	AC

**General Comment:**

Routine UIC inspection.

**Location**

<b>Lease Road:</b>			
	Type Access		
comment:			
Corrective ActionL			Date:
	Type Main		
comment:			
Corrective ActionL			Date:

Overall Good:

<b>Signs/Marker:</b>			
	Type WELLHEAD		
Comment:	Sign on pump housing		
Corrective Action:			Date:
	Type TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:			
	Comment: 911		
Corrective Action:			Date: _____

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Pump inside housing		
Corrective Action:			Date:
Type: Deadman # & Marked	# 3		
Comment:			
Corrective Action:			Date:
Type: Pump Jack	# 1		

Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 2		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		40.110599,-108.186535
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	10	400 BBLs	STEEL AST		40.111128,-108.186902
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	NO		
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Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 232249 Type: WELL API Number: 103-09920 Status: PR Insp. Status: PR

**Producing Well**

Comment: Pump jack

Corrective Action:

Date:

Facility ID: 259655 Type: WELL API Number: 103-10113 Status: IJ Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg -4 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: OHCRK  
 TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 05/04/2016  
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC inspection.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
Gravel	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

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
693802088	Inspection photos 6/10/2020	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5172331">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5172331</a>