

**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:

06/12/2020

Submitted Date:

06/15/2020

Document Number:

688308024

FIELD INSPECTION FORM

Loc ID 309609 Inspector Name: Sherman, Susan On-Site Inspection 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 61250
Name of Operator: MULL DRILLING COMPANY INC
Address: 1700 N WATERFRONT PKWY B#1200
City: WICHITA State: KS Zip: 67206-

Status Summary:

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

Findings:

10 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
Mull, Jennifer	(316) 264-6366	jmull@mulldrilling.com	Principal Agent
Beilman, James	316-734-8108	jbeilman@mulldrilling.com	Environmental/Safety
Quint, Craig		craig.quint@state.co.us	
Akers, Tracy	(719) 767-8805	takers@mulldrilg.com	
Mark, Shreve	316-264-6366	mshreve@mulldrilling.com	President/COO

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
267113	WELL	SI	10/24/2017	OG	073-06304	Meteor Unit 2	AC

General Comment:

Routine UIC Inspection

Location

Overall Good:

Signs/Marker:

Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	OTHER		
Comment:	H2S		
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 719-342-1813

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Equipment:

Type: Bird Protectors	# 3		corrective date
Comment:			
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		

Comment: shed, bermed, operator will fix tin that was blown off shed in big wind 1st weekend		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	400 BBLS	HEATED STEEL AST		,
Comment: tank is rusted on the bottom ring (see attached photo)					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO				
Comment:					
Corrective Action:				Date:	

Flaring:

Type				
Comment:				
Corrective Action:				Date:

Location Construction

Location ID: 267113 CDP: _____

Comment:

Corrective Action:

Date: _____

Form 2A COAs:

Comment:

Corrective Action:

Date: _____

Wildlife BMPs:

Comment:

Corrective Action:

Date: _____

Comment:

Corrective Action:

Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities

Facility ID: 267113 Type: WELL API Number: 073-06304 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -26 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: MRRW
 TC: Pressure or inches of Hg SBDI Previous Test Pressure _____ Last MIT: 10/24/2017
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Casing had slight blow that died immediately. Bradenhead is not plumbed to surface.

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Attached Documents

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

Document Num	Description	URL
688308037	Mull Drilling Meteor Unit 2	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5175939