

**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:

06/18/2020

Submitted Date:

06/19/2020

Document Number:

693802224

**FIELD INSPECTION FORM**

Loc ID 314293 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: 10539  
Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORP  
Address: 1125 ESCALANTE DR  
City: RANGELY State: CO Zip: 81648

**Findings:**

9 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                                      |
|------------------|--------------|-----------------------------|--|
| Bleil, Rob       | 970-290-2912 | rbleil@utahgascorp.com      | <a href="#">All Inspections</a>              |
| Browning, Chuck  | 970-433-4139 | chuck.browning@state.co.us  | <a href="#">Field Inspector</a>              |
| Koehler, Bob     |              | bob.koehler@state.co.us     |  |
| Pennell, Chantae | 970-675-7928 | cpennell@utahgascorp.com    | <a href="#">Senior Regulatory Consultant</a> |
| Labowskie, Steve |              | steve.labowskie@state.co.us |  |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|
| 228260      | WELL | IJ     | 08/18/2008  | DSPW       | 103-05083 | DOUGLAS CREEK UNIT 1 | SI          |

**General Comment:**

[Routine UIC inspection. Well shut in for flowline repair.](#)

**Location**

|                    |        |  |       |
|--------------------|--------|--|-------|
| <b>Lease Road:</b> |        |  |       |
| Type               | Main   |  |       |
| comment:           |        |  |       |
| Corrective Action  |        |  | Date: |
| Type               | Access |  |       |
| comment:           |        |  |       |
| Corrective Action  |        |  | Date: |

Overall Good:

|                      |  |  |       |
|----------------------|--|--|-------|
| <b>Signs/Marker:</b> |  |  |       |
| Type                 | TANK LABELS/PLACARDS                                       |  |       |
| Comment:             |  |  |       |
| Corrective Action:   |  |  | Date: |
| Type                 | WELLHEAD   |  |       |
| Comment:             | Sign on wellhead housing. Housing removed for repair work. |  |       |
| Corrective Action:   |  |  | Date: |

|                                  |                     |  |             |
|----------------------------------|---------------------|--|-------------|
| <b>Emergency Contact Number:</b> |                     |  |             |
| Comment:                         | 970-693-6021 or 911 |  |             |
| Corrective Action:               |                     |  | Date: _____ |

Overall Good:

|  |      |        |  |
|--|------|--------|--|
| <b>Spills:</b>   |      |        |  |
| Type   | Area | Volume |  |
| In Containment:  | No   |        |  |
| Comment:   |      |        |  |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |  |

|                    |  |  |       |
|--------------------|--|--|-------|
| <b>Fencing/:</b>   |  |  |       |
| Type               | WELLHEAD   |  |       |
| Comment:           | Injection wellhead inside housing (removed for repair) |  |       |
| Corrective Action: |  |  | Date: |

|                               |                     |  |                 |
|-------------------------------|---------------------|--|-----------------|
| <b>Equipment:</b>             |                     |  | corrective date |
| Type: Prime Mover             | # 1                 |  |                 |
| Comment:                      | Pump inside housing |  |                 |
| Corrective Action:            |                     |  | Date:           |
| Type: Emission Control Device | # 1                 |  |                 |
| Comment:                      |                     |  |                 |
| Corrective Action:            |                     |  | Date:           |
| Type: Gas Meter Run           | # 2                 |  |                 |
| Comment:                      |                     |  |                 |
| Corrective Action:            |                     |  | Date:           |

|                                   |     |  |       |
|-----------------------------------|-----|--|-------|
| Type: Horizontal Heated Separator | # 1 |  |       |
| Comment:                          |     |  |       |
| Corrective Action:                |     |  | Date: |
| Type: Bradenhead                  | # 1 |  |       |
| Comment:                          |     |  |       |
| Corrective Action:                |     |  | Date: |
| Type: Bird Protectors             | # 1 |  |       |
| Comment:                          |     |  |       |
| Corrective Action:                |     |  | Date: |

**Tanks and Berms:**

| Contents           | # | Capacity | Type      | Tank ID | SE GPS                |
|--------------------|---|----------|-----------|---------|-----------------------|
| PRODUCED WATER     | 3 | 400 BBLs | STEEL AST |         | 39.815526,-108.762684 |
| 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 |       |
| Comment:           |    |       |
| Corrective Action: |    |       |
|                    |    | Date: |

**Flaring:**

|                    |       |
|--------------------|-------|
| Type               |       |
| Comment:           |       |
| Corrective Action: |       |
|                    | Date: |

**Inspected Facilities**

Facility ID: 228260 Type: WELL API Number: 103-05083 Status: IJ Insp. Status: SI

**Underground Injection Control**

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

UIC Routine

|            |                                   |                              |                             |
|------------|-----------------------------------|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>0</u> | Previous Test Pressure _____ | MPP _____                   |
|            | (e.g. 30 psig or -30" Hg)         |                              | Inj Zone: <u>DKTA</u>       |
| TC:        | Pressure or inches of Hg <u>0</u> | Previous Test Pressure _____ | Last MIT: <u>08/26/2015</u> |
| Brhd:      | Pressure or inches of Hg <u>0</u> | Previous Test Pressure _____ | AnnMTReq: _____             |

Comment: Routine UIC Inspection. Well shut in for flowline repair

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                  |               |                          |         |

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   |
|--------------|-----------------------------|---|
| 693802225    | Inspection photos 6/18/2020 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5180082">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5180082</a> |