

**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:

07/02/2020

Submitted Date:

07/02/2020

Document Number:

701000951

**FIELD INSPECTION FORM**

Loc ID 321096 Inspector Name: Welsh, Brian 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: 10330  
Name of Operator: INVESTMENT EQUIPMENT LLC  
Address: 412 W PLATTE AVE  
City: FT MORGAN State: CO Zip: 80701

**Findings:**

7 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
Chisolm, Jim	405-642-9437	investmentequipment@gmail.com	
Quint, Craig		craig.quint@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
206029	WELL	IJ	11/12/2015	ERIW	009-06445	TSRU 601W	AC

**General Comment:**

[Routine UIC Inspection](#)

**Location**

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

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

<b>Emergency Contact Number:</b>			
Comment:	<input style="width: 100%;" type="text"/>		
Corrective Action:	<input style="width: 100%;" type="text"/>		Date: _____

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Pipe fence around wellhead		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Ancillary equipment	# 1		
Comment:	Water meter on wellhead		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 3		
Comment:			
Corrective Action:		Date:	

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 206029 Type: WELL API Number: 009-06445 Status: IJ Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-2" 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>LNSNG</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/24/2018</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A STRONG VACUUM, DIED IMMEDIATELY. TBG IJ @ -2" 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
Gravel	Pass	Compaction	Pass			

Comment: [Location and access are grassed over](#)

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT