

**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:

07/17/2020

Submitted Date:

07/20/2020

Document Number:

688308203

FIELD INSPECTION FORM

Loc ID: 317322 Inspector Name: Sherman, Susan 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: 95620
Name of Operator: WESTERN OPERATING COMPANY
Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204

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 |
|--------------|----------------|------------------------------------|------------------|
| James, Steve | (303) 893-2438 | steve@westernoperating.com | President |
| Quint, Craig | | craig.quint@state.co.us | |
| Crumley, Tim | (970) 768-5659 | tcrumley@tcrumleypumpingsevice.com | |
| Reid, Marta | (303) 893-2438 | marta@westernoperating.com | Designated Agent |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 238082 | WELL | IJ | 01/13/2014 | DSPW | 121-10585 | GROOMS 1-12 | SI |

General Comment:

Routine UIC Inspection, passed

Location

Overall Good:

Signs/Marker:

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

Emergency Contact Number:

| | | | |
|--------------------|--------------|-------|--|
| Comment: | 303-893-2438 | | |
| Corrective Action: | | Date: | |

Overall Good:

Spills:

| Type | Area | Volume | | | |
|------|------|--------|--|--|--|
| | | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

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

Equipment:

| Type | # | Capacity | Type | Tank ID | SE GPS | corrective date |
|--------------------|-----|----------|------|---------|--------|-----------------|
| Deadman # & Marked | # 4 | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| Bradenhead | # 1 | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS | |
|--------------------|---|----------|---------------------|---------|--------|--|
| | | | CENTRALIZED BATTERY | | , | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |

Paint

| | | | |
|------------------|--|--|--|
| Condition | <input style="width: 90%;" type="text"/> | | |
| Other (Content) | | | |
| Other (Capacity) | | | |
| Other (Type) | | | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
|------|----------|---------------------|---------------------|-------------|--|
| | | | | | |

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

Venting:

| | | |
|--------------------|--|-------|
| Yes/No | | |
| Comment: | | |
| Corrective Action: | | Date: |

Flaring:

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

Inspected Facilities

Facility ID: 238082 Type: WELL API Number: 121-10585 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -20 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND
 TC: Pressure or inches of Hg SBDI. 0 Previous Test Pressure _____ Last MIT: 06/12/2018
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: 4/1/2020 production form reported to COGCC database.

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: 4/1/2020 production form reported to COGCC database.

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

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 |
|--------------|-------------------------------|---|
| 688308222 | Western Operating Grooms 1-12 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5200158 |