

**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:

08/03/2020

Submitted Date:

08/03/2020

Document Number:

701001103

FIELD INSPECTION FORM

Loc ID 321111 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: 61650
 Name of Operator: MURFIN DRILLING COMPANY INC
 Address: 250 N WATER ST STE 300
 City: WICHITA State: KS Zip: 67202

Findings:

5 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 |
|--------------|----------------|-------------------------|---------|
| Melland, Tom | (316) 858-8695 | tmelland@murfininc.com | |
| Quint, Craig | | craig.quint@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|
| 206073 | WELL | SI | 01/01/2019 | ERIW | 009-06489 | S E CAMPO UNIT 1101W | AC |

General Comment:

[Routine UIC Inspection](#)

Location

| | | | |
|--------------------|-----------------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Gravel road through pasture | | |
| Corrective Action: | | Date: | |

Overall Good:

| | | | |
|----------------------|------------------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Lease sign by wellhead | | |
| Corrective Action: | | Date: | |

| | | | |
|----------------------------------|----------------------|-------|----------------------|
| Emergency Contact Number: | | | |
| Comment: | <input type="text"/> | | |
| Corrective Action: | <input type="text"/> | Date: | <input type="text"/> |

Overall Good:

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

Multiple Spills and Releases?

| | | | |
|--------------------|---|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Pipe fence around wellhead and cathodic rectifier | | |
| Corrective Action: | | Date: | |

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

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

Inspected Facilities

Facility ID: 206073 Type: WELL API Number: 009-06489 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>-1" 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>07/27/2016</u> |
| | | | AnnMTReq: <u>NO</u> |

Comment: CASING WAS DEAD. TBG IJ @ -1" 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 | Gravel | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT