

**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:

08/24/2020

Submitted Date:

08/24/2020

Document Number:

700403042

FIELD INSPECTION FORM

Loc ID 315467 Inspector Name: Moran, Rick 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:

- 4 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
, Utah Gas Corp	720-425-0303	inspections@utahgascorp.com	All inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
230878	WELL	TA	08/26/2019	GW	103-08547	NORTH DRAGON TRAIL 5003	TA

General Comment:

[Routine well inspection.](#)

Location

Overall Good:

Signs/Marker:

Type	BATTERY		
Comment:			
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment: 911

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		
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In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type				corrective date
Gas Meter Run	# 1			
Comment:				
Corrective Action:				Date:
Deadman # & Marked	# 4			
Comment:				
Corrective Action:				Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	1	<50 BBLs	Open Top		,	
Comment:						
Corrective Action:						Date:

Paint

Condition Adequate

Other (Content)

Other (Capacity) 45 bbl

Other (Type)

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent		Adequate
Comment:				

Corrective Action:		Date:	
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Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 230878 Type: WELL API Number: 103-08547 Status: TA Insp. Status: TA

Cement

Cement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: On arrival @ 9:30 am rig on well and crew had not arrived yet. Returned at 2:00 pm crew was lowering string in well to prepare for cement plug on top of the cast iron bridge plug. BLM representative on location.

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
Other	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
700403043	inspection photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5231220