

**FORM  
INSP**Rev  
X/20**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:

03/30/2021

Submitted Date:

03/30/2021

Document Number:

699602335

**FIELD INSPECTION FORM**Loc ID 312206 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**

OGCC Operator Number: 88370

Name of Operator: TIMKA RESOURCES LTD

Address: 2116 EAST HIGHWAY 402

City: LOVELAND State: CO Zip: 80537

**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

**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 |
|---------------|-------|-------------------------|---------|
| Pivonka, Todd |       | pivonka2010@gmail.com   |         |
| Quint, Craig  |       | craig.quint@state.co.us | UIC     |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 219503      | WELL | IJ     | 03/06/2018  | DSPW       | 075-06434 | WHITTIER A 1  | AC          |

**General Comment:**

UIC ROUTINE INSPECTION FIR - SATISFACTORY

**Inspected Facilities**Facility ID: 219503 Type: WELL API Number: 075-06434 Status: IJ Insp. Status: AC**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg -16" Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 07/28/2017

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Tubing on vacuum Casing = 0

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: GRAVITY FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**COGCC Comments**

| Comment                 | User            | Date              |
|-------------------------|-----------------|-------------------|
| <u>UIC ROUTINE 2021</u> | <u>schureky</u> | <u>03/30/2021</u> |