

**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:

03/22/2021

Submitted Date:

03/31/2021

Document Number:

699602351

**FIELD INSPECTION FORM**

Loc ID 337202 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**

OGCC Operator Number: 66190

Name of Operator: OMIMEX PETROLEUM INC

Address: 2101 CEDAR SPRINGS RD STE 10

City: DALLAS State: TX Zip: 75201

**Status Summary:**

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

**Findings:**

3 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 |
|----------------|--------------|-------------------------------|---------|
| Fisher, Jeremy | 970-854-4733 | Jeremy_Fisher@omimexgroup.com |         |
| Quint, Craig   |              | craig.quint@state.co.us       |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name         | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 284116      | WELL | SI     | 10/01/2020  | DSPW       | 125-09914 | BOWMAN SWD 3B-28-5-44 | SI          |

**General Comment:**

UIC ROUTINE 2021 - SATISFACTORY

**Inspected Facilities**Facility ID: 284116 Type: WELL API Number: 125-09914 Status: SI Insp. Status: SI**Underground Injection Control**

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

UIC RoutineInj./Tube: Pressure or inches of Hg -1 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

(e.g. 30 psig or -30" Hg)

Inj Zone: MRSNTC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 08/03/2017

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

Comment: Tubing on vacuum = -1 Casing = 0 psi. SATISFACTORY

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

Method of Injection: \_\_\_\_\_

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>03/31/2021</u> |