

**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:

05/04/2021

Submitted Date:

05/06/2021

Document Number:

701002900

FIELD INSPECTION FORM

Loc ID 324789 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: 95620
Name of Operator: WESTERN OPERATING COMPANY
Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204

Findings:

8 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
Hart, Dale	719-688-1638	dale@westernoperating.com	
Morgan, John		john.morgan@state.co.us	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
212608	WELL	IJ	09/06/2018	DSPW	061-05061	WEAR 1	AC

General Comment:

Routine UIC Inspection

Location						
Lease Road:						
Type	Access					
comment:	Gravel road through pasture					
Corrective Action					Date:	
Overall Good: <input checked="" type="checkbox"/>						
Signs/Marker:						
Type	TANK LABELS/PLACARDS					
Comment:	Metal signs by tanks					
Corrective Action:					Date:	
Type	WELLHEAD					
Comment:	Lease sign by wellhead					
Corrective Action:					Date:	
Emergency Contact Number:						
Comment:	<input style="width: 100%;" type="text"/>					
Corrective Action:	<input style="width: 100%;" type="text"/>				Date:	<input style="width: 100%;" type="text"/>
Overall Good: <input checked="" type="checkbox"/>						
Spills:						
Type	Area	Volume				
In Containment: No						
Comment:	<input style="width: 100%;" type="text"/>					
<input type="checkbox"/> Multiple Spills and Releases?						
Fencing/:						
Type	LOCATION					
Comment:	Wire fence around entire location					
Corrective Action:					Date:	
Equipment:						
					corrective date	
Type: Deadman # & Marked	# 4					
Comment:	<input style="width: 100%;" type="text"/>					
Corrective Action:					Date:	
Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	4	500 BBLS	FIBERGLASS AST		38.431130,-102.479390	
Comment:	2-North tanks are tan 2-South tanks are black					
Corrective Action:					Date:	
Paint						
Condition	<input style="width: 100%;" type="text"/>					
Other (Content)	<input style="width: 100%;" type="text"/>					
Other (Capacity)	<input style="width: 100%;" type="text"/>					

Other (Type) _____	
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Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment: East side of berms is metal					
Corrective Action:				Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 212608 Type: WELL API Number: 061-05061 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-19" 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>ABCK</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>04/25/2013</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A STRONG VACUUM, DIED WITHIN A IMMEDIATELY. TBG IJ @ -19" Hg

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY 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