

**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:

701002903

**FIELD INSPECTION FORM**Loc ID 324793 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**

OGCC Operator Number: 16520

Name of Operator: CHEMCO INC

Address: 6970 SOUTH HOLLY CIR STE 206

City: CENTENNIAL State: CO Zip: 80112

**Status Summary:**

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

**Findings:**

6 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
Quint, Craig		craig.quint@state.co.us	
Neher, Gray	303-771-7777	bogray@msn.com	
Morgan, John		john.morgan@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
212645	WELL	IJ	06/01/2020	DSPW	061-06005	LINCOLN 1	AC

**General Comment:**

Routine UIC Inspection

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Partially elevated gravel road through pasture		
Corrective Action		Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign mounted to fence at wellhead		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:  Date:

Overall Good: ☒

<b>Spills:</b>					
Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Metal panels around wellhead		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**Facility ID: 212645 Type: WELL API Number: 061-06005 Status: IJ Insp. Status: AC**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg 5 PSIG Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: MSSP

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure \_\_\_\_\_ Last MIT: 04/17/2018

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: NO

Comment: CASING HAD LIGHT PUFF. TBG IJ @ 5 PSIG

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
Compaction	Pass	Compaction	Pass			

Comment: Location is partially grassed over

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT