

**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:

05/10/2021

Document Number:

689805739

FIELD INSPECTION FORMLoc ID 312903 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 95960

Name of Operator: WEXPRO COMPANY

Address: P O BOX 45003

City: SALT LAKE CITY State: UT Zip: 84145-

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 |
|--------------------|--------------|-------------------------------|---------|
| Fredrickson, Tammy | 307-352-7566 | Tammy.Fredrickson@questar.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 222799 | WELL | SI | 02/01/2020 | GW | 081-06159 | BW MUSSER 16 | SI |

General Comment:

Routine FIU inspection.

LocationOverall Good: ☒

| | | | |
|----------------------|----------------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 1-800-341-3129

Corrective Action:

Date: _____

Overall Good: ☒

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|--------------------------|-----|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bird Protectors | # | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | |
|--------------------|---|----------|------------------|---------|--------|
| Contents | # | Capacity | Type | Tank ID | SE GPS |
| PRODUCED WATER | 1 | 400 BBLS | HEATED STEEL AST | | , |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

Condition Adequate

Other (Content)

| | | | | | | |
|--------------------|----------|---------------------|------------------|---------------------|--------|-------------|
| Other (Capacity) | | | | | | |
| Other (Type) | | | | | | |
| Berms | | | | | | |
| Type | Capacity | Permeability (Wall) | | Permeability (Base) | | Maintenance |
| Metal | Adequate | | | | | Adequate |
| Comment: | | | | | | |
| Corrective Action: | | | | | | Date: |
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| CONDENSATE | 1 | 400 BBLs | HEATED STEEL AST | | , | |
| Comment: | | | | | | |
| Corrective Action: | | | | | | Date: |
| Paint | | | | | | |
| Condition | Adequate | | | | | |
| Other (Content) | | | | | | |
| Other (Capacity) | | | | | | |
| Other (Type) | | | | | | |
| Berms | | | | | | |
| Type | Capacity | Permeability (Wall) | | Permeability (Base) | | Maintenance |
| Earth | Adequate | | | | | Adequate |
| Comment: | | | | | | |
| Corrective Action: | | | | | | Date: |
| Venting: | | | | | | |
| Yes/No | NO | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | | Date: |
| Flaring: | | | | | | |
| Type | | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | | Date: |

| Inspected Facilities | | | | | | | | | |
|---|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 222799 | Type: | WELL | API Number: | 081-06159 | Status: | SI | Insp. Status: | SI |
| <div>Idle Well</div> <div>Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned</div> <div>Reminder: </div> <div>Comment: </div> <div>Corrective Action: </div> <div>Date: </div> | | | | | | | | | |

Reclamation - Storm Water - Pit**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

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 |
|--------------|------------------|---|
| 689805760 | Inspection Photo | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5425039 |