

**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:

05/19/2021

Submitted Date:

05/24/2021

Document Number:

701600055

FIELD INSPECTION FORM

Loc ID 316889 Inspector Name: SCHURE, KYM 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: 710
 Name of Operator: AEON ENERGY CORP
 Address: 2600 SOUTH LEWIS WAY #102
 City: LAKEWOOD State: CO Zip: 80227

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 |
|---------------|--------------|-------------------------|---------|
| Snyder, Barry | 303-922-0590 | aeonco@aol.com | |
| Quint, Craig | | craig.quint@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 280793 | WELL | IJ | 02/01/2008 | DSPW | 115-06062 | HV RANCH 32-1 | AC |

General Comment:

UIC Routine 2021 FIR SATISFACTORY

Inspected Facilities

Facility ID: 280793 Type: WELL API Number: 115-06062 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -1 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: LKT-J
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 08/09/2017
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Tubing - (-1) vacuum Casing = 0 psi.

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> | schureky | 05/24/2021 |