

**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:

06/21/2021

Submitted Date:

06/22/2021

Document Number:

693803238

FIELD INSPECTION FORM

Loc ID 336394 Inspector Name: BROWNING, CHUCK 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: 200502
Name of Operator: 31 OPERATING
Address: 3021 RIDGE RD #156
City: ROCKWALL State: TX Zip: 75032

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
Boulger, Levin	970-509-0256	lboulger@31opertaing.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Morgan, John		john.morgan@state.co.us	
Labowskie, Steve		steve.labowskie@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
232249	WELL	SI	10/01/2020	OW	103-09920	WRD UNIT 29-33	SI
259655	WELL	IJ	10/01/2018	DSPW	103-10113	WRD UNIT 29-33 WDW	SI

General Comment:

Routine UIC inspection.

Location			
Lease Road:			
Type	Main		
comment:			
Corrective Action			Date:
Type	Access		
comment:			
Corrective Action			Date:

Overall Good:

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Sign on pump housing		
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	800-209-9762 or 911		
Corrective Action:			Date: _____

Overall Good:

Spills:			
Type	Area	Volume	
In Containment: No			
Comment: <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Multiple Spills and Releases?			

Equipment:			corrective date
Type: Emission Control Device	# 2		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Pump inside housing		
Corrective Action:			Date:
Type: Bradenhead	# 2		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		

Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		40.110599,-108.186535
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	10	400 BBLs	HEATED STEEL AST		40.111128,-108.186902
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 232249 Type: WELL API Number: 103-09920 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Producing well shut in

Corrective Action: _____ Date: _____

Facility ID: 259655 Type: WELL API Number: 103-10113 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>260</u>	Previous Test Pressure _____	MPP _____
	(e.g. 30 psig or -30" Hg)		Inj Zone: <u>OHCRK</u>
TC:	Pressure or inches of Hg <u>1825</u>	Previous Test Pressure _____	Last MIT: <u>05/04/2016</u>
Brhd:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	AnnMTReq: _____

Comment: Routine UIC Inspection. Well shut in.

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
Gravel	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

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
693803239	Inspection photos 4/20/2021	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5461187