

**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:

06/16/2021

Submitted Date:

06/18/2021

Document Number:

701003111

FIELD INSPECTION FORM
 Loc ID 324838 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num:
Operator Information:

OGCC Operator Number: 83130

Name of Operator: STRACHAN EXPLORATION INC

Address: 383 INVERNESS PKWY, STE 360

City: ENGLEWOOD State: CO Zip: 80112

Status Summary:

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

Findings:

5 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
Strachan, Steve	(303) 785-7006	sms@strachanexploration.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
213034	WELL	IJ	04/05/2018	DSPW	061-06395	FRAZEE-BOLYARD 2-35-SWD	AC

General Comment:

Routine UIC Inspection

Location**Lease Road:**

Type	Access		
comment:	Trail through farm ground		
Corrective Action	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 213034 Type: WELL API Number: 061-06395 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -8" Hg Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: LYNS

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 04/02/2018

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD LIGHT BLOW, DIED IMMEDIATELY. TBG IJ @ -8" 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
Other	Pass	Other	Pass			

Comment: Location and access are farmed over

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT