

**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:

07/27/2021

Submitted Date:

07/29/2021

Document Number:

689806137

**FIELD INSPECTION FORM**

Loc ID 312856 Inspector Name: Waldron, Emily 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: 95960  
Name of Operator: WEXPRO COMPANY  
Address: P O BOX 45003  
City: SALT LAKE CITY State: UT Zip: 84145-

**Findings:**

- 4 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
222620	WELL	IJ	02/01/2017	DSPW	081-05712	WILSON, F 21	SI

**General Comment:**

Routine UIC inspection.

**Location**

Overall Good:

**Signs/Marker:**

	Type WELLHEAD		
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:**

	Type: Bradenhead	# 1		corrective date
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No			
Comment:			
Corrective Action:			
		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:			
		Date:	

**Inspected Facilities**

Facility ID: 222620 Type: WELL API Number: 081-05712 Status: IJ Insp. Status: SI

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>WSTC</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>03/19/2019</u>
			AnnMTReq: _____

Comment: Routine UIC inspection. Well shut in at time of inspection.

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						

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
689806138	Inspection Photo	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5492745">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5492745</a>