

**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:

08/03/2021

Submitted Date:

08/05/2021

Document Number:

701003369

FIELD INSPECTION FORM
 Loc ID 321051 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num:
Operator Information:

OGCC Operator Number: 10560

Name of Operator: WEST TEXAS OPERATING CO LLC DBA XTREME

Address: PO BOX 2326

City: VICTORIA State: TX Zip: 77902

Status Summary:

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

Findings:

9 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
Morgan, John		john.morgan@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Hahn, Mike	(361) 570-1600 x24	mhahn@xeogc.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205894	WELL	SI	08/01/2018	DSPW	009-06309	MCKINLEY 1-20-WD	SI

General Comment:

Routine UIC Inspection

Location

Lease Road:			
Type	Access		
comment:	Gravel road through CRP		
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers and stencils on tanks. NFPA label on overflow tank is peeling off and needs replaced		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:			
Corrective Action:			
	Date:		

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Ancillary equipment	# 1		
Comment:	Electric panel by wellhead		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	FIBERGLASS AST		37.156640,-102.278850
Comment:	200bbl fiberglass tank on east side of 400bbl tank used for overflow tank				
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Comment: Shared berms							
Corrective Action:						Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS		
PRODUCED WATER	1	400 BBLS	FIBERGLASS AST		37.156640,-102.278850		
Comment:							
Corrective Action:						Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate			
Comment:							
Corrective Action:						Date:	

Contents	#	Capacity	Type	Tank ID	SE GPS		
LUBE OIL	1	<50 BBLS	BV FIBERGLASS		37.156640,-102.278850		
Comment: 90% Buried plastic tank for lube oil recovery							
Corrective Action:						Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Comment:							
Corrective Action:						Date:	

Venting:

Yes/No							
Comment:							
Corrective Action:						Date:	

Flaring:

Type						
Comment:						
Corrective Action:						Date:

Inspected FacilitiesFacility ID: 205894 Type: WELL API Number: 009-06309 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -17" Hg Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: WBNSTC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 08/16/2017Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NOComment: CASING HAD A LIGHT BLOW, DIED IMMEDIATELY. TBG INJ @ -17" 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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT