

**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:

09/24/2021

Submitted Date:

09/30/2021

Document Number:

688311311

FIELD INSPECTION FORM
 Loc ID 316962 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num:
Operator Information:

OGCC Operator Number: 94300

Name of Operator: WARD & SON* ALFRED

Address: P O BOX 737

City: OGALLALLA State: NE Zip: 69153

Status Summary:

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

Findings:

2 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
Ward, Randy	(308) 280-0100	randy@wardoil.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
233533	WELL	IJ	10/23/1963	DSPW	121-05582	STATE B-6-WD	SI

General Comment:

UIC MIT Inspection, passed

LocationOverall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:			
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?**Equipment:**

Type: Compressor	# 0		corrective date
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 233533 Type: WELL API Number: 121-05582 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: MDDYJ
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 05/20/2016
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 0 BH psi: 0

Insp. Status: Pass

Comment: Bohler rig pump used for MIT.
0 min 400 psi
5 min 400 psi
10 min 400 psi
15 min 400 psi
See attached Form 21. Operator to submit to COGCC database within 30 days of test.

Corrective Action: _____ Date: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
688311312	UIC MIT Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5543942
688311313	Ward & Son Alfred State B-6-WD	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5543943