

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type

OTHER

Comment: PHOTO 3: AREA OF IMPACTED SOIL AROUND COMPRESSOR SKID.

Corrective Action: Conduct maintenance on equipment (REPAIR LEAKING EQUIPMENT), cleanup stained material and review self inspection processes. COMPLY WITH RULE 1002.,(2).D. 5 DAYS TO CLEAN UP IMPACTED SOIL 30 DAYS TO REPAIR LEAKS ON EQUIPMENT.

Date: 11/14/2021

Overall Good:

Spills:

Type

Area

Volume

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type PIT

Comment:

Corrective Action:

Date:

Equipment:

corrective date

Type: Deadman # & Marked

4

Comment:

Corrective Action:

Date:

Type: Vertical Separator

1

Comment: INSIDE METER HOUSE

Corrective Action:

Date:

Type: Ancillary equipment

1

Comment: TELEMETRY EQUIPMENT

Corrective Action:

Date:

Type: Compressor

1

Comment: SOUND WALLS ON 3 SIDES.

Corrective Action:

Date:

Type: Prime Mover

1

Comment: INSIDE 4 SOUND WALLS

Corrective Action:

Date:

Type: Bradenhead

1

Comment: IS PLUMBED TO SURFACE

Corrective Action:

Date:

Type: Progressive Cavity	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 418510 Type: WELL API Number: 071-09822 Status: PR Insp. Status: PR

Producing Well

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	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Produced Water Lined: YES Pit ID: 427582 Lat: 37.300550 Long: -104.772500

Reference Point: SE Other: _____ Length: 80 Width: 30

Lining:

Liner Type: _____ Liner Condition: Adequate

Comment:

Corrective Action

Date: _____

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment:

Corrective Action

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: NONE

Corrective Action

Date: _____

Anchor Trench Present: YES Oil Accumulation: NO 2+ feet Freeboard: YES

Comment:

Corrective Action

Date: _____

Permit:	Facility ID	Permit Num	Expiration Date
	427582	2222464	

Attached Documents

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

Document Num	Description	URL
695104970	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5555810