

**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:

11/01/2021

Submitted Date:

11/09/2021

Document Number:

701600416**FIELD INSPECTION FORM**Loc ID: 312266 Inspector Name: SCHURE, KYM On-Site Inspection: ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 95620Name of Operator: WESTERN OPERATING COMPANYAddress: 1165 DELAWARE STREET #200City: DENVER State: CO Zip: 80204**Status Summary:**

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

Findings:3 Number of Comments2 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	
James, Steven	(303) 893-2438	steve@westernoperating.com	
Burn, Diana		diana.burn@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
220282	WELL	IJ	06/01/2020	ERIW	075-08404	EMERALD, ROBERT 3-35	SI

General Comment:

UIC-MIT Failed MIT performed on 11-1-2021, due to computer issues at COGCC this FIR is being submitted. CA dates are set from the actual date of MIT.

NOTE TO OPERATOR: Repair or Plug well within (6) months of date test was performed. Notify COGCC of decision to repair (schedule MIT prior to returning well to service) via Form 42. Notify COGCC of decision to P&A well via Form 42. Well shall remain in SI status until approval of repairs or plugging is received from COGCC.

Inspected FacilitiesFacility ID: 220282 Type: WELL API Number: 075-08404 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: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 11/04/2016

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: _____ BH psi: _____Insp. Status: Fail Leak Type: _____Comment: Well did not hold initial pressure required to perform MIT. Well was re-pressured and well did not hold pressure.Corrective Action: Repair or Plug well within (6) months from date of failed MIT. Date: 05/01/2022**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____Comment: Failed UIC - MITCorrective Action: Repair or P&A well within (6) months from date of MIT failure. Date: 05/01/2022**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
701600417	Form 21 copy - failed MIT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5576306