

**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:

11/08/2021

Submitted Date:

11/10/2021

Document Number:

689806600

FIELD INSPECTION FORM

Loc ID 430051 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: 10525
Name of Operator: SANTA FE NATURAL RESOURCES INC
Address: 4833 FRONT STREET UNIT B 506
City: CASTLE ROCK State: CO Zip: 80104

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
430052	WELL	SI	09/01/2016	OW	081-07747	Ridgeview 32-16-1	WK

General Comment:

Routine FIU inspection. Inspector on location to attempt to witness PA. Form 6 document number 402854784. Work was completed over the weekend and crews were on location checking surface plug for fallback.

Inspected Facilities

Facility ID: 430052 Type: WELL API Number: 081-07747 Status: SI Insp. Status: WK

Cement

Cement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: Inspector on location to attempt to witness PA. Form 6 document number 402854784. Work was completed over the weekend and crews were on location checking surface plug for fallback.

Corrective Action: _____

Date: _____