

**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:

04/27/2022

Submitted Date:

04/29/2022

Document Number:

701004958**FIELD INSPECTION FORM**Loc ID 324793 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 16520Name of Operator: CHEMCO INCAddress: 6970 SOUTH HOLLY CIR STE 206City: CENTENNIAL State: CO Zip: 80112**Status Summary:**

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

Findings:6 Number of Comments0 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	
Neher, Gray	303-771-7777	bogray@msn.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
212645	WELL	IJ	06/01/2020	DSPW	061-06005	LINCOLN 1	AC

General Comment:

Routine UIC Inspection

Location

Lease Road:			
Type	Access		
comment:	Partially elevated gravel road through pasture		
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign mounted to fence at wellhead		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒

Spills:					
Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Metal panels around wellhead		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 212645 Type: WELL API Number: 061-06005 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -21.5" Hg Previous Test Pressure _____ MPP _____

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

Inj Zone: MSSPTC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 04/17/2018Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NOComment: CASING HAD BLOW, DIED IMMEDIATELY. TBG IJ @ -21.5" Hg

Corrective Action: _____ Date: _____

Method of Injection: PUMP 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
Compaction	Pass	Compaction	Pass			

Comment: Location is partially grassed over

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT