

**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:

05/10/2022

Submitted Date:

05/13/2022

Document Number:

701005050**FIELD INSPECTION FORM**Loc ID 321548 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10634Name of Operator: P O & G OPERATING LLCAddress: 5847 SAN FELIPE SUITE 3200City: HOUSTON State: TX Zip: 77057**Status Summary:**

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

Findings:14 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
Quint, Craig		craig.quint@state.co.us	
Morgan, John		john.morgan@state.co.us	
Nash, Charlotte	(713) 589-8186	charlotte_nash@pogresource.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207110	WELL	IJ	04/01/2019	DSPW	017-06045	MILLER SWDW 2	AC

General Comment:

Routine UIC Inspection

Location

Lease Road:			
Type	Access		
comment:	Gravel road through farm ground		
Corrective Action		Date:	

Overall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	Stickers on tanks		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	
Type	BATTERY		
Comment:	Lease sign at tank battery		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Ancillary equipment	# 4		
Comment:	Water meter on wellhead, telemetry equipment, cathodic rectifier and electric panel		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLS	FIBERGLASS AST		38.766970,-102.394910
Comment:	Green tank on east side of location				
Corrective Action:		Date:			

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared berms						
Corrective Action:					Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	200 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: Black tank on west side of tan tanks is disconnected, empty and not in use.						
Corrective Action:					Date:	
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared berms						
Corrective Action:					Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	2	400 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: 2-Tan tanks on west side of green tank						
Corrective Action:					Date:	
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:					Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	2	300 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: 2-Tan tanks on south side of disposal tanks for overflow						
Corrective Action:					Date:	
Paint						
Condition						
Other (Content)						

Other (Capacity)

Other (Type)

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	Shared berms			
Corrective Action:				Date:

Venting:

Yes/No			
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected FacilitiesFacility ID: 207110 Type: WELL API Number: 017-06045 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -19" Hg Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: SPGN

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 08/02/2018

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD LIGHT BLOW, DIED IMMEDIATELY. TBG IJ @ -19" Hg

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY 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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT