

**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:

05/31/2022

Submitted Date:

05/31/2022

Document Number:

701601697

FIELD INSPECTION FORM

Loc ID: 312251 Inspector Name: SCHURE, KYM 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: 10017
Name of Operator: CHACO ENERGY COMPANY
Address: P O BOX 1587
City: DENVER State: CO Zip: 80201

Findings:

- 3 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

Contact Information:

Contact Name	Phone	Email	Comment
Nelson, Matt	303-981-3840	matt@chacoenergy.com	Inspections/Ops. Engineer

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219871	WELL	SI	03/08/2022	OW	075-07535	WRITEBOL 1	SI

General Comment:

MIRU - P&A in process - Day (1)
Form 42 - Doc# 403052216 received
Form 6 - Doc# 402971637 approved

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No			
Comment:	<input type="text"/>		
Corrective Action:		Date:	<input type="text"/>

Flaring:

Type		
Comment:	<input type="text"/>	
Corrective Action:		Date: <input type="text"/>

Inspected Facilities

Facility ID: 219871 Type: WELL API Number: 075-07535 Status: SI Insp. Status: SI

Cement

Cement Contractor

Contractor Name: Bohler Well Service

Contractor Phone: 970-580-5070

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:

Corrective Action:

Date: