

**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:

08/15/2022

Submitted Date:

08/16/2022

Document Number:

701005602**FIELD INSPECTION FORM**Loc ID 321051 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10560Name of Operator: WEST TEXAS OPERATING CO LLC DBA XTREMEAddress: PO BOX 2326City: VICTORIA State: TX Zip: 77902**Status Summary:**

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

Findings:5 Number of Comments1 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
,		dnr_cogccengineering@state.co.us	
Hahn, Mike	(361) 570-1600 x24	mhahn@xeogc.com	
Quint, Craig		craig.quint@state.co.us	
Morgan, John		john.morgan@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205894	WELL	SI	08/01/2018	DSPW	009-06309	MCKINLEY 1-20-WD	SI

General Comment:5 year UIC MIT

Location**Lease Road:**

Type	Access		
comment:	Gravel road through CRP		
Corrective Action:		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers and stencils on tanks		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date: _____
Corrective Action:		

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 205894 Type: WELL API Number: 009-06309 Status: SI 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: WBNS
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/16/2017
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 PSIG Csg psi: 0 PSIG BH psi: _____

Insp. Status: Fail Leak Type: Casing

Comment: INITIAL CSG WAS DEAD. MIRU MAX'S WATER SERVICE. LOADED W/6BBL. PRESSURED CSG TO 300 PSIG. 5-MIN 250#. 10-MIN 245#. 15-MIN 230#. -70 PSI LOSS

Corrective Action: Immediately shut in well and disconnect flowline or disable/LOTO injection pump Date: 08/17/2022

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**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
701005603	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5830159