

**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:

09/06/2022

Submitted Date:

09/07/2022

Document Number:

693805130

FIELD INSPECTION FORMLoc ID 323860 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 10059

Name of Operator: PETRO MEX RESOURCES

Address: PO BOX 6724

City: FARMINGTON State: NM Zip: 87499-

Status Summary:☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**

7 Number of Comments

1 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
Linn, Wilson	(505) 486-5557	linn_wilson@sisna.com	
Labowskie, Steve		steve.labowskie@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
211021	WELL	PR	07/01/2019	CBM	045-06779	GOVERNMENT 6	PR

General Comment:

COGCC staff performed a routine field inspection on 9/6/2022.

Issues were found requiring corrective action. See inspection text and photos for details.

Any Corrective Actions from previous inspections that have not been addressed are still applicable.

Location			
Lease Road:			
Type	Access		
comment:			
Corrective Action	L		Date:
Type	Main		
comment:			
Corrective Action	L		Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Sign on meter housing		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	505-632-5948		
Corrective Action:			Date: _____
Good Housekeeping:			
Type	UNUSED EQUIPMENT		
Comment:	Unused pumpjack as noted on previous inspections		
Corrective Action:	Comply with Rule 606		Date: 12/07/2022
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment: _____			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Pump Jack	# 1		corrective date
Comment:	Unused equipment. See Houskeeping section for CA.		
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:

Inspected Facilities									
Facility ID:	211021	Type:	WELL	API Number:	045-06779	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Flowing								
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: 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
693805131	Inspection photos 9/6/2022	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5850197