

**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:

11/16/2022

Submitted Date:

11/18/2022

Document Number:

700901293**FIELD INSPECTION FORM**Loc ID 320270 Inspector Name: Finkenbinder, Chane On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 10694Name of Operator: PROVIDENCE OPERATING LLC DBA POCOAddress: 16400 DALLAS PARKWAY SUITE 400City: DALLAS State: TX Zip: 75428**Status Summary:**

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

**Findings:**4 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
Pagano, Theodore	(970) 590-3944	tapagano@helena-resources.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
203301	WELL	PR	03/01/2021	GW	001-08810	ZARLENGO 2	PR

**General Comment:**

**Location**Overall Good: ☒

Emergency Contact Number:

Comment: Adequate

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:			Date:
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:			Date:
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	1	300 BBLS	STEEL AST		39.997853,-104.901096	
Comment:						
Corrective Action:					Date:	

**Paint**

Condition Adequate

Other (Content)

Other (Capacity)

Other (Type) _____					
<b><u>Berms</u></b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment:					
Corrective Action:					Date: _____
<b><u>Wells Served By Facilities Above</u></b>					
API Number		AirsID			
001-08810					
<b><u>Venting:</u></b>					
Yes/No	NO				
Comment:					
Corrective Action:					Date: _____
<b><u>Flaring:</u></b>					
Type					
Comment:					
Corrective Action:					Date: _____

