

**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:

06/05/2023

Submitted Date:

06/09/2023

Document Number:

701007025

FIELD INSPECTION FORM

Loc ID 310907 Inspector Name: Welsh, Brian On-Site Inspection 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10730
Name of Operator: CWC PETRO LLC
Address: 6957 #A ISABELL LN
City: ARVADA State: CO Zip: 80007

Status Summary:

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

Findings:

6 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 |
|--------------------|----------------|-------------------------|---------|
| Quint, Craig | | craig.quint@state.co.us | |
| Morgan, John | | john.morgan@state.co.us | |
| Clark, Christopher | (303) 519-7870 | cwclark@cwcpetro.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|
| 296428 | WELL | SI | 06/01/2021 | DSPW | 125-11298 | MILDRED SOUTH WDW 2-15 | AC |

General Comment:

Routine UIC Inspection

Location

| | | | |
|--------------------|--------------------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Access off of main county road | | |
| Corrective Action: | | Date: | |

Overall Good:

| | | | |
|----------------------|-------------------------------|-------|--|
| Signs/Marker: | | | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Metal signs by tanks | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Lease sign by fiberglass shed | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

| | | | |
|--------------------|--|-------|-------|
| Comment: | | | |
| Corrective Action: | | Date: | _____ |

Overall Good:

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

Multiple Spills and Releases?

| | | | |
|--------------------|----------------------------|-------|--|
| Fencing/: | | | |
| Type | LOCATION | | |
| Comment: | Wire fence around location | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|--|-------|--|
| Venting: | | | |
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|--|-------|--|
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 296428 Type: WELL API Number: 125-11298 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>-1.5" Hg</u> (e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____ |
| TC: | Pressure or inches of Hg <u>0 PSIG</u> | Previous Test Pressure _____ | Inj Zone: <u>LKMR</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>01/20/2021</u> |
| | | | AnnMTReq: <u>NO</u> |

Comment: CASING HAD A LIGHT BLOW, DIED IMMEDIATELY. TBG IJ @ -1.5" 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 | | | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT