

**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:

06/19/2023

Submitted Date:

06/20/2023

Document Number:

693806201

FIELD INSPECTION FORMLoc ID: 315617 Inspector Name: BROWNING, CHUCK On-Site Inspection: ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 51130

Name of Operator: LOCIN OIL CORPORATION

Address: 600 TRAVIS ST STE 6161

City: HOUSTON State: TX Zip: 77002

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

10 Number of Comments

3 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
Labowskie, Steve		steve.labowskie@state.co.us	
Arnim, Rees	713-469-0275	rarnim@locin.energy	Director of Engineering
Pesicka, Conor		conor.pesicka@state.co.us	
Morgan, John		john.morgan@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
,		dnr_cogccengineering@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
231156	WELL	SI	09/01/2021	DSPW	103-08825	COLUMBINE SPRINGS 8-11-4-104 WDW	SI

General Comment:Routine UIC inspection. Injection well inspection only.
Well failed MIT due to leak thru bradenhead.

Location

Lease Road:			
Type	Main		
comment:			
Corrective Action	L	Date:	
Type	Access		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Sign on housing. Sign not updated to reflect current operator (2nd notice). CA from previous inspection not completed. CA date remains the same		
Corrective Action:	Install sign to comply with Rule 605.g.	Date:	07/31/2022

Emergency Contact Number:		
Comment:	Sign not updated to reflect current operator (2nd notice).	
Corrective Action:	Install sign to comply with Rule 605.	Date: 07/20/2023

Overall Good: ☒

Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			

Fencing/:			
Type	LOCATION		
Comment:	Chain link		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Compressor	# 1		
Comment:	trailer mount		
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Pump inisde housing		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	
Type: Pig Station	# 1		
Comment:			

Corrective Action:		Date:	
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Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	500 BBLs	HEATED STEEL AST		39.723180,-109.031139

Comment:	
Corrective Action:	Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Comment:	
Corrective Action:	Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	6	400 BBLs	HEATED STEEL AST		39.723264,-109.031156

Comment:	4-400 bbl and 2-500 bbl tanks inside same berms.
Corrective Action:	Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Comment:	
Corrective Action:	Date:

Venting:

Yes/No	NO
Comment:	
Corrective Action:	Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 231156 Type: WELL API Number: 103-08825 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: CSLGT
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 06/25/2018
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 10 Csg psi: 500 BH psi: 500

Insp. Status: Fail Leak Type: Casing

Comment: UIC-5 yr MIT. Wellhead inspection only.
Form 42 Doc#403433595 received 6/14/2023, with test scheduled for 6/24/2023.
Test date moved to 6/19/2023 at operators request.
Pressure well to 500 psi. Immediated pressure increase noticed on bradenhead valve.
MIT FAILED. All injection wells which fail MIT or which are determined to lack
mechanical integrity shall be shut in.

Corrective Action: Repair and successfully retest or plug and abandon. Date: 12/20/2023

Attached Documents

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

Document Num	Description	URL
693806204	Inspection photos 6/19/2023	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6153681