

**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:

08/03/2023

Submitted Date:

08/03/2023

Document Number:

701007207

FIELD INSPECTION FORM

Loc ID 321051 Inspector Name: Welsh, Brian On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 10560
Name of Operator: WEST TEXAS OPERATING CO LLC DBA XTREME
Address: PO BOX 2326
City: VICTORIA State: TX Zip: 77902

Findings:

10 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	
Hahn, Mike	(361) 570-1600 x24	mhahn@xeogc.com	

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	TA

General Comment:

Routine UIC Inspection

Location

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

Overall Good:

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

Emergency Contact Number:			
Comment:			
Corrective Action:		Date:	

Good Housekeeping:			
Type	STORAGE OF SUPL		
Comment:	Tubing stored next to berms		
Corrective Action:		Date:	

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	FIBERGLASS AST		37.156640,-102.278850
Comment: 200bbl fiberglass tank on east side of 400bbl tank used for overflow tank					
Corrective Action:					Date:

Paint			
Condition			
Other (Content)			
Other (Capacity)			
Other (Type)			

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Comment: Shared berms						Date:	
Corrective Action:						Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS		
LUBE OIL	1	<50 BBLs	BV FIBERGLASS		37.156640,-102.278850		
Comment: 90% Buried plastic tank for lube oil recovery						Date:	
Corrective Action:						Date:	
Paint							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
Berms							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Comment:						Date:	
Corrective Action:						Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS		
PRODUCED WATER	1	400 BBLs	FIBERGLASS AST		37.156640,-102.278850		
Comment:						Date:	
Corrective Action:						Date:	
Paint							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
Berms							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate			
Comment: West side of berms is removed for workover						Date:	
Corrective Action:						Date:	
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: TA

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0 PSIG</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>WBNS</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>08/16/2017</u>
			AnnMTReq: <u>NO</u>

Comment: CASING IS DEAD AND TUBING IS REMOVED FROM WELLBORE. TUBING SUB IN WELLBORE. FORM 6N (403352573) EXPIRES ON 12/8/23

Corrective Action: _____ Date: _____

Method of Injection: _____

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	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT