

**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:

08/11/2023

Submitted Date:

08/11/2023

Document Number:

693806419

FIELD INSPECTION FORM

Loc ID 314953 Inspector Name: BROWNING, CHUCK 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: 10725
Name of Operator: VALKYRIE OPERATING LLC
Address: 1600 STOUT STREET SUITE 1000
City: DENVER State: CO Zip: 80202

Findings:

- 7 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 |
|------------------|---------------|--------------------------------|-----------------|
| Morgan, John | | john.morgan@state.co.us | |
| Labowskie, Steve | | steve.labowskie@state.co.us | |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Dunham, Tyson | (307)388-2290 | tdunham@valkyrie-resources.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 229951 | WELL | IJ | 03/01/2021 | ERIW | 103-07610 | GOVERNMENT C-1041 3 | SI |

General Comment:

UIC-5 yr MIT. Wellhead inspection only.

| Location | | | |
|--|-----------------------------------|--------|-----------------|
| Lease Road: | | | |
| Type | Main | | |
| comment: | | | |
| Corrective ActionL | | | Date: |
| Type | Access | | |
| comment: | | | |
| Corrective ActionL | | | Date: |
| Overall Good: <input checked="" type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Sign at location entrance | | |
| Corrective Action: | | | Date: |
| Emergency Contact Number: | | | |
| Comment: | 307-347-3737 | | |
| Corrective Action: | | | Date: _____ |
| Overall Good: <input checked="" type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Injection wellhead inside housing | | |
| Corrective Action: | | | Date: |
| Equipment: | | | |
| Type: Bradenhead | # 1 | | corrective date |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Flaring: | | | |
| Type | | | |

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

Inspected Facilities

Facility ID: 229951 Type: WELL API Number: 103-07610 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____ |
| TC: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Inj Zone: <u>WEBR</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>08/14/2018</u> |
| | | | AnnMTReq: _____ |

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 1120 Csg psi: 1290 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT. Wellhead inspection only.
Form 42 Doc#403480157 received 7/28/2023, with test scheduled for 8/7/2023.
Test date moved to 8/11/2023 at operators request.
Pressure well to 1290 psi. Hold for 15 min. Final pressure 1300 psi. +10 psi gain. OK
Test witnessed by COGCC using chart on test truck.

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 |
|--------------|--------------------------------|---|
| 693806420 | Inspection photos 8/11/2023 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6216424 |