

FORM  
INSPRev  
X/20State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

08/17/2023

Submitted Date:

08/21/2023

Document Number:

698600964

## FIELD INSPECTION FORM

 Loc ID 314078 Inspector Name: St John, William (Cal) On-Site Inspection  2A Doc Num: \_\_\_\_\_
**Operator Information:**
 OGCC Operator Number: 66190  
 Name of Operator: OMIMEX PETROLEUM INC  
 Address: 2501 HARWOOD ST STE 1238  
 City: DALLAS State: TX Zip: 75201
**Status Summary:**

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

**Findings:**

- 8 Number of Comments
- 1 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
Chambers, Kit		Kchambers@ravenwoodlabs.com	7/16/2023
Ferrin, Jeremy		jeremy.ferrin@state.co.us	Enforcement Officer
Pesicka, Conor		conor.pesicka@state.co.us	
Quint, Craig		craig.quint@state.co.us	E Compliance Supervisor
, Engineering		dnr_cogccengineering@state.co.us	
Leonard, Mike		mike.leonard@state.co.us	Compliance Manager
McGlaughlin, Dennis		Dmac@ravenwoodlabs.com	7/16/2023
Kirschner, Steven		steven.kirschner@state.co.us	Enforcement Supervisor

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
293759	WELL	IJ	02/01/2018	DSPW	095-06169	SOUTH HOLYOKE SWD 1B-25-7-45	UN

**General Comment:**

UIC Routine - 2023

**Inspected Facilities**

Facility ID: 293759 Type: WELL API Number: 095-06169 Status: IJ Insp. Status: UN

**Underground Injection Control**

UIC Violation: Other Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>4 PSIG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>-10 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>MRSN</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>01/10/2018</u>
			AnnMTReq: _____

Comment: Tubing= 4 PSIG. Casing= -10 PSIG vacuum. Suspect possible casing leak.  
Last MIT 1/10/2018, Well is past due 5 - Year UIC Test.  
Review of monthly operations records indicate operator is delinquent in submitting monthly operations reports.

Corrective Action: Immediately shut in well and disconnect flowline or disable/LOTO injection pump. Date: 08/17/2023  
Perform MIT per Rule 417.a  
Submit required Form 7(s) to COGCC per rule 413

Method of Injection: GRAVITY FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_