

**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:

08/17/2023

Submitted Date:

08/21/2023

Document Number:

698600964

FIELD INSPECTION FORMLoc 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 FacilitiesFacility 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 4 PSIG Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: MRSN

TC: Pressure or inches of Hg -10 PSIG Previous Test Pressure _____ Last MIT: 01/10/2018

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ 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: _____