

**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:

08/28/2023

Submitted Date:

08/29/2023

Document Number:

699107310**FIELD INSPECTION FORM**Loc ID 473534 Inspector Name: Burns, Adam On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10651Name of Operator: VERDAD RESOURCES LLCAddress: 1125 17TH STREET SUITE 550City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:5 Number of Comments0 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
,		Regulatory@verdadoil.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
478613	WELL	DG	02/01/2023	LO	123-51338	Georgene 2833 01H	DG

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	OTHER		
Comment:	Frac		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	Adequate	
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type	LOCATION		
Comment:	Sound walls		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 478613 Type: WELL API Number: 123-51338 Status: DG Insp. Status: DG**Well Stimulation**Stimulation Company: LibertyStimulation Type: HYDRAULIC FRAC**Observation:**

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____

Fluid: _____ Gas: _____

Comment: Currently at the time of inspection wireline was on the well.

Corrective Action: _____

Date: _____

BradenHeadDate of Last Brhd Test: 05/29/2023Annual Brhd Completed? YesLast Brhd Test Results Initial Surf Csg Pressure: 2Fluid Type: VAPOREnd Surf Csg Pressure: 0

Comment: _____

Corrective Action: _____

Date: _____

Completion

Operation: _____

Date Flowback: _____

Contractor: _____

Comment: _____

Corrective Action: _____

Date: _____

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

Document Num	Description	URL
699107311	Inspection Photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6237657