

**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:

09/26/2023

Submitted Date:

09/26/2023

Document Number:

695108698

FIELD INSPECTION FORM

Loc ID: 333913 Inspector Name: Beardslee, Tom On-Site Inspection: 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10758
Name of Operator: OGRIS OPERATING LLC
Address: PO BOX 53467
City: MIDLAND State: TX Zip: 79710

Status Summary:

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

Findings:

- 5 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
BACA, DAVE	719-859-4066	dbaca@ogrisop.com	All Inspections
WARD, GIENA		gward@ogrisop.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
258761	WELL	PR	02/22/2001	CBM	071-07148	HILL RANCH 04-15V	PR
258965	WELL	PR	02/06/2003	CBM	071-07174	HILL RANCH 04-15R	PR

General Comment:

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	OTHER
Comment:	PHOTO 4: WELLHEAD/ AREA OF IMPACTED SOIL NEAR R WELLHEAD APPEARS TO BE FROM LEAKING HYDRO HOSES IN THE PAST, HOSED DID NOT APPEAR TO BE LEAKING AT TIME OF INSPECTION.

Corrective Action:	Conduct maintenance on equipment, cleanup stained material and review self inspection processes. COMPLY WITH RULE 1002.(2).D (BE SURE TO INSPECT HYDRO HOSES AND CONNECTIONS FOR ANY LEAKS AND REPAIR
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Date: 10/26/2023

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

corrective date

Type: Vertical Separator	# 2				
Comment:					
Corrective Action:				Date:	
Type: Ancillary equipment	# 2				
Comment:					
Corrective Action:				Date:	
Type: Prime Mover	# 2				
Comment:					
Corrective Action:				Date:	
Type: Progressive Cavity	# 2				
Comment:					
Corrective Action:				Date:	
Type: Deadman # & Marked	# 7				
Comment:					
Corrective Action:				Date:	
Type: Bradenhead	# 2				
Comment:	BOTH ARE ACCESSABLE				
Corrective Action:				Date:	
Type: Gas Meter Run	# 2				
Comment:	CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.				

Corrective Action:		Date:	
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Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 258761 Type: WELL API Number: 071-07148 Status: PR Insp. Status: PR

Producing Well

Comment:

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 04/21/2023 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type:

End Surf Csg Pressure: 0

Comment:

Corrective Action:

Date:

Facility ID: 258965 Type: WELL API Number: 071-07174 Status: PR Insp. Status: PR

Producing Well

Comment:

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 04/21/2023 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type:

End Surf Csg Pressure: 0

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			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action: Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: <u>Produced Water</u>	Lined: <u>NO</u>	Pit ID: <u>268963</u>	Lat: <u>37.021350</u>	Long: <u>-104.888612</u>
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Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment:

Corrective Action Date: _____

Fencing:

Fencing Type: None Fencing Condition: _____

Comment:

Corrective Action Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment:

Corrective Action Date: _____

Anchor Trench Present: NO Oil Accumulation: NO 2+ feet Freeboard: YES

Comment:

Corrective Action Date: _____

Permit:	Facility ID	Permit Num	Expiration Date
	268963	1125113	
	292573	2059086	

Attached Documents

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

Document Num	Description	URL
695108699	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6264040