

**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:

01/24/2024

Submitted Date:

01/24/2024

Document Number:

699505303

FIELD INSPECTION FORMLoc ID 460656 Inspector Name: MEDINA, JUSTIN On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 10373

Name of Operator: NGL WATER SOLUTIONS DJ LLC

Address: 865 NORTH ALBION ST., STE 400

City: DENVER State: CO Zip: 80220

Status Summary:

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

Findings:

6 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	
Garcia, Dan		dan.garcia@nglep.com	Field Supervisor

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
460664	WELL	SI	09/29/2020	DSPW	123-49502	ROY SWD 4	SI

General Comment:

Location					
Overall Good: <input checked="" type="checkbox"/>					
Emergency Contact Number:					
Comment:				Date: _____	
Corrective Action:					
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:	Metal shed				
Corrective Action:				Date:	
Equipment:					
Type: Bradenhead	# 1				corrective date
Comment:	Plumbed to surface				
Corrective Action:				Date:	
Venting:					
Yes/No	NO				
Comment:					
Corrective Action:				Date:	
Flaring:					
Type					
Comment:					
Corrective Action:				Date:	

Inspected FacilitiesFacility ID: 460664 Type: WELL API Number: 123-49502 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: DJINJ

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 10/15/2019

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

Comment: 5 year MIT will be due 10/15/2024. This well is not associated with a injection facility.

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____Comment: SI

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
At time of inspection location appears to be in compliance with ECMC rules. At time of inspection weather conditions were cold, clear, calm.	medinaj	01/24/2024

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

Document Num	Description	URL
699505304	inspection pictures	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6409220