

**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:

02/21/2024

Submitted Date:

02/23/2024

Document Number:

701008236**FIELD INSPECTION FORM**Loc ID 321623 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 61250Name of Operator: MULL DRILLING COMPANY INCAddress: 1700 N WATERFRONT PKWY B#1200City: WICHITA State: KS Zip: 67206-**Status Summary:**

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

Findings:8 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
OBryhim, Reesa		ROBryhim@mulldrilling.com	All Inspections
Taylor, Chad		chad.taylor@state.co.us	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150039	UIC DISPOSAL	AC	11/29/1983		-	PELTON SWDW TWIN 1	AC

General Comment:[Routine UIC Inspection](#)

Location**Lease Road:**

Type	Access		
comment:	Gravel road through farm ground		
Corrective Action:		Date:	

Overall Good: ☒**Signs/Marker:**

Type	BATTERY		
Comment:	Lease sign by tank battery		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Metal signs by tanks		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

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

Type	WELLHEAD		
Comment:	Metal panels around wellhead		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities										
Facility ID:	150039	Type:	UIC	API Number:	-	Status:	AC	Insp. Status:	AC	
Underground Injection Control										
UIC Violation:		Maximum Injection Pressure:								
UIC Routine										
Inj./Tube:	Pressure or inches of Hg	-19" Hg	Previous Test Pressure				MPP			
	(e.g. 30 psig or -30" Hg)						Inj Zone:			
TC:	Pressure or inches of Hg	0 PSIG	Previous Test Pressure				Last MIT:			
Brhd:	Pressure or inches of Hg		Previous Test Pressure				AnnMTReq:	NO		
Comment:	CASING HAD STRONG VAC, DIED IMMEDIATELY. TBG IJ @ -19" Hg									
Corrective Action:							Date:			
Method of Injection: GRAVITY FEED										
Test Type:			Tbg psi:			Csg psi:			BH psi:	
Insp. Status:										
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			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT