

**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: \_\_\_\_\_

**Status Summary:**

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

**Operator Information:**

OGCC Operator Number: 61250  
Name of Operator: MULL DRILLING COMPANY INC  
Address: 1700 N WATERFRONT PKWY B#1200  
City: WICHITA State: KS Zip: 67206-

**Findings:**

- 8 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                         |
|----------------|-------|---------------------------|---------------------------------|
| OBryhim, Reesa |       | ROBryhim@mulldrilling.com | <a href="#">All Inspections</a> |
| 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   |                                 |        |             |
|--|---------------------------------|--------|-------------|
| <b>Lease Road:</b>                                     |                                 |        |             |
| Type   | Access                          |        |             |
| comment:   | Gravel road through farm ground |        |             |
| Corrective Action:                                     |                                 | Date:  |             |
| Overall Good: <input checked="" type="checkbox"/>      |                                 |        |             |
| <b>Signs/Marker:</b>                                   |                                 |        |             |
| 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:  |             |
| <b>Emergency Contact Number:</b>                       |                                 |        |             |
| Comment:   |                                 |        |             |
| Corrective Action:                                     |                                 |        | Date: _____ |
| Overall Good: <input checked="" type="checkbox"/>      |                                 |        |             |
| <b>Spills:</b>   |                                 |        |             |
| Type   | Area                            | Volume |             |
| In Containment: No                                     |                                 |        |             |
| Comment:   |                                 |        |             |
| <input type="checkbox"/> Multiple Spills and Releases? |                                 |        |             |
| <b>Fencing/:</b>                                       |                                 |        |             |
| Type   | WELLHEAD                        |        |             |
| Comment:   | Metal panels around wellhead    |        |             |
| Corrective Action:                                     |                                 | Date:  |             |
| <b>Venting:</b>  |                                 |        |             |
| Yes/No   |                                 |        |             |
| Comment:   |                                 |        |             |
| Corrective Action:                                     |                                 | Date:  |             |
| <b>Flaring:</b>  |                                 |        |             |
| 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 <u>-19" Hg</u><br>(e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____           |
| TC:        | Pressure or inches of Hg <u>0 PSIG</u>                               | Previous Test Pressure _____ | Inj Zone: _____     |
| Brhd:      | Pressure or inches of Hg _____                                       | Previous Test Pressure _____ | Last MIT: _____     |
|            |  |                              | AnnMTReq: <u>NO</u> |

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