

FORM
INSPRev
X/20State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

02/23/2024

Submitted Date:

02/24/2024

Document Number:

693806748

FIELD INSPECTION FORM

Loc ID 314293 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 10539

Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORP

Address: 760 HORIZON DRIVE STE 400

City: GRAND JUNCTION State: CO Zip: 81506

Status Summary:

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

Findings:

10 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Taylor, Chad	(720) 788-6197	chad.taylor@state.co.us	Underground Injection Lead
Labowskie, Steve		steve.labowskie@state.co.us	
, "	970-675-7928	inspections@utahgascorp.co m	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
228260	WELL	IJ	06/01/2021	DSPW	103-05083	DOUGLAS CREEK UNIT 1	SI

General Comment:

Routine UIC inspection.

Location**Lease Road:**

Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 970-675-4482

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:	Wellhead inside housing		
Corrective Action:		Date:	

Equipment:

Type: Prime Mover	# 1		corrective date
Comment:	Pump inside housing		
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

Type: Bird Protectors	# 2	
Comment:		
Corrective Action:		Date:
Type: Horizontal Heated Separator	# 1	
Comment:		
Corrective Action:		Date:
Type: Bradenhead	# 1	
Comment:		
Corrective Action:		Date:
Type: Gas Meter Run	# 2	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	400 BBLs	HEATED STEEL AST		39.815526,-108.762684
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	400 BBLs	STEEL AST		39.815526,-108.762684
Comment:	All tanks inside same berms				
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				

Corrective Action:		Date:	
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Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

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Inspected FacilitiesFacility ID: 228260 Type: WELL API Number: 103-05083 Status: IJ Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 120 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: DKTATC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 08/04/2020Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____Comment: Routine UIC Inspection. Well shut in. No active injection at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP 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	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
693806751	Inspection photos 2/23/2024	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6441640