

**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:

02/23/2024

Submitted Date:

02/24/2024

Document Number:

693806748

**FIELD INSPECTION FORM**

Loc ID 314293 Inspector Name: BROWNING, CHUCK On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

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

**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

**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.com	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**

<b>Lease Road:</b>			
Type	Main		
comment:			
Corrective Action			Date:
Type	Access		
comment:			
Corrective Action			Date:

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:

<b>Emergency Contact Number:</b>			
Comment:	970-675-4482		
Corrective Action:			Date: _____

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Prime Mover	# 1		
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:	

**Inspected Facilities**

Facility ID: 228260 Type: WELL API Number: 103-05083 Status: IJ Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>120</u>	Previous Test Pressure _____	MPP _____
	(e.g. 30 psig or -30" Hg)		Inj Zone: <u>DKTA</u>
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>08/04/2020</u>
Brhd:	Pressure or inches of Hg <u>0</u>	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	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6441640">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6441640</a>