

**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:
03/19/2024
Submitted Date:
03/22/2024
Document Number:
701008419

FIELD INSPECTION FORM

Loc ID 321548 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: 10634
Name of Operator: P O & G OPERATING LLC
Address: 5847 SAN FELIPE SUITE 3200
City: HOUSTON State: TX Zip: 77057

Findings:

- 14 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
Taylor, Chad		chad.taylor@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Nash, Charlotte	(713) 589-8186	charlotte_nash@pogresources.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207110	WELL	IJ	04/01/2019	DSPW	017-06045	MILLER SWDW 2	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	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers on tanks		
Corrective Action:		Date:	
Type	BATTERY		
Comment:	Lease sign at tank battery		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 80%;" type="text"/>

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:					corrective date
Type: Ancillary equipment	# 4				
Comment:	Water meter on wellhead, telemetry equipment, cathodic rectifier and electric panel				
Corrective Action:			Date:		

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	FIBERGLASS AST		38.766970,-102.394910
Comment:	Black tank on west side of tan tanks is disconnected, empty and not in use.				
Corrective Action:				Date:	

Paint	
Condition	<input style="width: 85%;" type="text"/>
Other (Content)	<input style="width: 95%;" type="text"/>
Other (Capacity)	<input style="width: 95%;" type="text"/>
Other (Type)	<input style="width: 95%;" type="text"/>

Berm						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared berms						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	300 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: Green tank on east side of location						
Corrective Action:				Date:		
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berm						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared berms						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	2	300 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: 2-Tan tanks on south side of disposal tanks for overflow						
Corrective Action:				Date:		
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berm						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared berms						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	2	400 BBLs	FIBERGLASS AST		38.766970,-102.394910	
Comment: 2-Tan tanks on west side of green tank						
Corrective Action:				Date:		
Paint						
Condition						
Other (Content)						

Other (Capacity)	
Other (Type)	

Berms

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

Venting:

Yes/No					
Comment:					
Corrective Action:				Date:	

Flaring:

Type					
Comment:					
Corrective Action:				Date:	

Inspected Facilities

Facility ID: 207110 Type: WELL API Number: 017-06045 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-15" Hg</u> (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: <u>SPGN</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/18/2023</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD STRONG BLOW, DIED IMMEDIATELY. TBG IJ @ -15" 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