

**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:

03/26/2024

Submitted Date:

03/26/2024

Document Number:

695109207

FIELD INSPECTION FORMLoc ID 307948 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: **Operator Information:**

OGCC Operator Number: 10758

Name of Operator: OGRIS OPERATING LLC

Address: PO BOX 53467

City: MIDLAND State: TX Zip: 79710

Status Summary:

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

Findings:

5 Number of Comments

1 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
BACA, DAVE	719-859-4066	dbaca@ogrisop.com	All Inspections
WARD, GIENA		gward@ogrisop.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
259817	WELL	PR	03/07/2010	CBM	071-07297	HILL RANCH 16-04V	PR

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	PHOTO 4: UNUSED EQUIPMENT (ELECTRIC LINE COMING OUT OF THE GROUND BETWEEN METER HOUSE AND WELLHEAD).		
Corrective Action:	REMOVE UNUSED EQUIPMENT PER RULE 606.		Date: 04/26/2024

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Vertical Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:	IS ACCESSABLE		
Corrective Action:			Date:
Type: Deadman # & Marked	# 5		
Comment:			
Corrective Action:			Date:
Type: Progressive Cavity	# 1		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:	CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.		
Corrective Action:			Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	259817	Type:	WELL	API Number:	071-07297	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
Corrective Action:				Date:					
BradenHead									
Date of Last Brhd Test:	04/26/2023		Annual Brhd Completed?	Yes					
Last Brhd Test Results	Initial Surf Csg Pressure:	2	Fluid Type:						
	End Surf Csg Pressure:	0							
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

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NOPit ID: 268936Lat: 37.001900Long: -104.897410Reference Point: Other: Length: Width: **Lining:**Liner Type: Liner Condition: Comment: Corrective Action: Date: **Fencing:**Fencing Type: NoneFencing Condition: Comment: Corrective Action: Date: **Netting:**Netting Type: Netting Condition: Comment: Corrective Action: Date: Anchor Trench Present: NOOil Accumulation: NO2+ feet Freeboard: YESComment: Corrective Action: Date:

Permit:	Facility ID	Permit Num	Expiration Date
	268936	1125141	

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

Document Num	Description	URL
695109208	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6481545