

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:

03/26/2024

Submitted Date:

03/26/2024

Document Number:

695109211

FIELD INSPECTION FORM

Loc ID 307990 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:

6 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
260012	WELL	PR	08/30/2009	CBM	071-07351	HILL RANCH 15-01V	PR

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:	PHOTO 1: WELL SIGN/ SIGN IS CRACKING AND PEELING OF,		
Corrective Action:	POST SIGN COMPLY WITH RULE 605. CA DATE 4-26-2024	Date:	04/26/2024

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: _____

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

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

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

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Inspected Facilities									
Facility ID:	260012	Type:	WELL	API Number:	071-07351	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
Corrective Action:				Date:					
BradenHead									
Date of Last Brhd Test:	04/27/2023		Annual Brhd Completed?	No					
Last Brhd Test Results	Initial Surf Csg Pressure:	0	Fluid Type:						
	End Surf Csg Pressure:	0							
Comment:	SUBMIT REPORTS								
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: 268933Lat: 37.003200Long: -104.868595Reference 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: **Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
403731361	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6481717
695109212	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6481709