

**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:

04/25/2024

Submitted Date:

04/25/2024

Document Number:

699108590

FIELD INSPECTION FORMLoc ID 449137 Inspector Name: Burns, Adam On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

ECMC Operator Number: 10649

Name of Operator: EWS 4 DJ BASIN LLC

Address: 2015 CLUBHOUSE DR SUITE 201

City: GREELEY State: CO Zip: 80634

Status Summary:

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

Findings:

3 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
Gage, Dave		Dgage@expedition-water.com	
Taylor, Chad		chad.taylor@state.co.us	
Haverkamp, Curtis		curtis.haverkamp@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
459195	WELL	IJ	06/06/2023	DSPW	123-48766	EWS 4B	AC

General Comment:

This is an annual UIC well inspection

Location				
Overall Good: <input checked="" type="checkbox"/>				
Signs/Marker:				
Type	WELLHEAD			
Comment:				
Corrective Action:				Date:
Emergency Contact Number:				
Comment:	Adequate			
Corrective Action:				Date: _____
Overall Good: <input checked="" type="checkbox"/>				
Spills:				
Type	Area	Volume		
In Containment: No				
Comment:				
<input type="checkbox"/> Multiple Spills and Releases?				
Equipment:				
Type: Bradenhead	# 1			corrective date
Comment:				
Corrective Action:				Date:
Venting:				
Yes/No	NO			
Comment:				
Corrective Action:				Date:
Flaring:				
Type				
Comment:				
Corrective Action:				Date:

Inspected FacilitiesFacility ID: 459195 Type: WELL API Number: 123-48766 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1875 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: DJINJ

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 05/31/2023

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Currently injecting

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHeadDate of Last Brhd Test: 11/29/2023 Annual Brhd Completed? YesLast Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: NONEEnd Surf Csg Pressure: 0

Comment: _____

Corrective Action: _____ Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

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

Document Num	Description	URL
699108591	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6525031