

**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:

04/30/2024

Submitted Date:

04/30/2024

Document Number:

711900673

FIELD INSPECTION FORMLoc ID 313667 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: **Operator Information:**

ECMC Operator Number: 95620

Name of Operator: WESTERN OPERATING COMPANY

Address: 1165 DELAWARE STREET #200

City: DENVER State: CO Zip: 80204

Status Summary:

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

Findings:

6 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 |
|---------------|----------------|----------------------------|---------|
| James, Steven | (303) 893-2438 | steve@westernoperating.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|
| 224793 | WELL | IJ | 07/01/2021 | ERIW | 087-05179 | PETERSON P F 1 | UN |

General Comment:

ROUTINE FIR - SATISFACTORY

Location

| | | | |
|--------------------|---------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | TWO TRACK GRASSLAND | | |
| Corrective Action | L | Date: | |

Overall Good: ☐

| | | | |
|----------------------|--------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | SATISFACTORY | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: SATISFACTORY

Corrective Action: Date:

Overall Good: ☒

| | | | | | |
|----------------|------|--------|--|--|--|
| Spills: | | | | | |
| Type | Area | Volume | | | |

In Containment: No

Comment: NONE

☐ Multiple Spills and Releases?

| | | | |
|--------------------|-----------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Other | # 0 | | |
| Comment: | NO CHANGE | | |
| Corrective Action: | | Date: | |

Venting:

| | | | |
|--------------------|----|-------|--|
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

| Inspected Facilities | | | | |
|--|------------|-----------------------|------------|------------------|
| Facility ID: 224793 | Type: WELL | API Number: 087-05179 | Status: IJ | Insp. Status: UN |
| The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12 | | | | |
| ECMC Comments | | | | |
| Comment | User | Date | | |
| ROUTINE FIR SATISFACTORY | schureky | 04/30/2024 | | |