

**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:

05/02/2024

Submitted Date:

05/04/2024

Document Number:

715200186

**FIELD INSPECTION FORM**

Loc ID 321784 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:**

ECMC Operator Number: 37230  
Name of Operator: HALDE OIL INC  
Address: 46321 HWY 24  
City: BURLINGTON State: CO Zip: 80807

**Findings:**

- 7 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	
Shalberg, Greg		gregshalberg@aol.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208004	WELL	IJ	12/29/2020	DSPW	017-06939	MITCHELL 41-35 1	AC

**General Comment:**

Routine UIC Inspection

<b>Location</b>			
<b>Lease Road:</b>			
Type	Access		
comment:	Dirt road through CRP		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:			Date:
Type	CONTAINERS		
Comment:	Stickers on chemical tank		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	<input style="width: 100%;" type="text"/>		
Corrective Action:	<input style="width: 100%;" type="text"/>		Date: _____
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Metal panels around wellhead, cathodic rectifier and chemical drum		
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Ancillary equipment	#		corrective date
Comment:	Electric panel, cathodic rectifier and chemical drum w/containment		
Corrective Action:			Date:
<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:			Date:
<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:			Date:

**Inspected Facilities**

Facility ID: 208004 Type: WELL API Number: 017-06939 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-21" 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>SWOA</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/10/2021</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A STRONG BLOW, DIED IMMEDIATELY. TBG IJ @ -21" HG

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: GRAVITY FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Reclamation - Storm Water - Pit**

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT