

**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:

06/03/2024

Submitted Date:

06/06/2024

Document Number:

711900818

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
311870 _____ SCHURE, KYM _____ 2A Doc Num: _____

Status Summary:

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

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**

Operator Information:

ECMC Operator Number: 95620
Name of Operator: WESTERN OPERATING COMPANY
Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204

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 |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 234905 | WELL | PR | 04/01/2013 | OW | 121-07048 | XENIA WEST UNIT 3-3 | PR |

General Comment:

ROUTINE FIR 2024 - SATISFACTORY

Location

| | | | |
|--------------------|---------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | TWO TRACK GRASSLAND | | |
| Corrective Action: | | 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: 234905 Type: WELL API Number: 121-07048 Status: PR Insp. Status: PR

Producing Well

Comment: [OW](#)

Corrective Action:

Date:

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

ECMC Comments

| Comment | User | Date |
|----------------------------------|----------|------------|
| ROUTINE FIR 2024 | schureky | 06/06/2024 |