

**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:

06/10/2024

Submitted Date:

06/12/2024

Document Number:

715200360

**FIELD INSPECTION FORM**

Loc ID 321605 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: 96730  
Name of Operator: WILLIFORD ENERGY COMPANY  
Address: 6060 AMERICAN PLAZA SUITE 760  
City: TULSA State: OK Zip: 74135

**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 |
|--------------|-------|-------------------------|---------|
| Quint, Craig |       | craig.quint@state.co.us |         |
| Taylor, Chad |       | chad.taylor@state.co.us |         |
| Storts, Doug |       | pds@willifordenergy.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name             | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------------|-------------|
| 207475      | WELL | IJ     | 12/30/2011  | ERIW       | 017-06410 | RHOADES UNIT TRACT 3<br>1 | AC          |

**General Comment:**

5 Year UIC MIT

| Location   |  |        |  |                 |
|--|--|--------|--|-----------------|
| <b>Lease Road:</b>                                     |  |        |  |                 |
|  | Type Access  |        |  |                 |
|  | comment: Gravel road through pasture                         |        |  |                 |
| Corrective Action:                                     |  |        |  | Date:           |
| Overall Good: <input checked="" type="checkbox"/>      |  |        |  |                 |
| <b>Signs/Marker:</b>                                   |  |        |  |                 |
|  | Type WELLHEAD  |        |  |                 |
|  | Comment: Lease sign mounted to fence                         |        |  |                 |
| Corrective Action:                                     |  |        |  | Date:           |
| <b>Emergency Contact Number:</b>                       |  |        |  |                 |
|  | 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                        |        |  |                 |
| Corrective Action:                                     |  |        |  | Date:           |
|  | Type OTHER   |        |  |                 |
|  | Comment: Metal panels around cathodic rectifier              |        |  |                 |
| Corrective Action:                                     |  |        |  | Date:           |
| <b>Equipment:</b>                                      |  |        |  |                 |
|  |  |        |  | corrective date |
| Type: Ancillary equipment                              | # 2  |        |  |                 |
|  | Comment: Solar powered cathodic rectifier and filter pot     |        |  |                 |
| Corrective Action:                                     |  |        |  | Date:           |
| <b>Venting:</b>  |  |        |  |                 |
| Yes/No   |  |        |  |                 |
| Comment:   |  |        |  |                 |
| Corrective Action:                                     |  |        |  | Date:           |
| <b>Flaring:</b>  |  |        |  |                 |
| Type   |  |        |  |                 |
| Comment:   |  |        |  |                 |
| Corrective Action:                                     |  |        |  | Date:           |

**Inspected Facilities**

Facility ID: 207475 Type: WELL API Number: 017-06410 Status: IJ Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

|            |   |                              |                             |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg _____<br>(e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____                   |
| TC:        | Pressure or inches of Hg _____                              | Previous Test Pressure _____ | Inj Zone: <u>MRRW</u>       |
| Brhd:      | Pressure or inches of Hg _____                              | Previous Test Pressure _____ | Last MIT: <u>06/27/2019</u> |
|            |   |                              | AnnMTReq: _____             |

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

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

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: -19" Hg Csg psi: 0 PSIG BH psi: \_\_\_\_\_

Insp. Status: Pass

Comment: **INITIAL CSG WAS DEAD. PRESSURE UP CSG WITH NITROGEN. PRESSURED CSG TO 340 PSIG. 5 MIN 340#. 10 MIN 340#. 15 MIN 340#. 0 PSI LOSS**  
**Submit Form 21 (attached) within 30 days of MIT**

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT

**Attached Documents**

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

| Document Num | Description | URL   |
|--------------|-------------|---|
| 715200379    | Form 21     | <a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6585115">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6585115</a> |