

**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:

07/23/2024

Submitted Date:

07/25/2024

Document Number:

707603035**FIELD INSPECTION FORM**Loc ID 419255 Inspector Name: Evins, Bret On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC Operator Number: 10373Name of Operator: NGL WATER SOLUTIONS DJ LLCAddress: 865 NORTH ALBION ST., STE 400City: DENVER State: CO Zip: 80220**Status Summary:**

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

Findings:10 Number of Comments0 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 |
|--------------|-------|-------------------------|--------------------|
| Vargo, Joe | | Joseph.Vargo@nglep.com | Regulatory Manager |
| Taylor, Chad | | chad.taylor@state.co.us | |
| Garcia, Dan | | dan.garcia@nglep.com | Facility Manager |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 425778 | WELL | IJ | 08/14/2014 | DSPW | 123-34520 | NGL C7B | AC |

General Comment:

This is a UIC WELL Inspection.
Well(s): 1: Injection Well | IJ.
Active, Intermittent Operation. NOT Injecting at time of inspection.
Facility: Active Operation | Active Injection.
UIC Annual Inspection.

Centralized Battery / Facility serves 1 Location ID
(419255).
(Well(s): 2: Injection Well | IJ).

Centralized Battery / Facility serves 1 UIC Disposal Facility ID
(159346).

Reference (Associated Well(s), Battery / Facility Inspections):
A.) Field Inspection Report doc. #707603033 and/or Location ID #419255
for IJ Well(s) info.
B.) Field Inspection Report doc. #707603035 and/or Location ID #419255
for IJ Well(s) info.
C.) Field Inspection Report doc. #707603039 and/or UIC Disposal Facility ID #159346
for Battery / Facility, Equipment info.

Location**Lease Road:**

| | | | |
|-------------------|----------|-------|--|
| Type | Access | | |
| comment: | Adequate | | |
| Corrective Action | L | Date: | |

Overall Good: ☐**Signs/Marker:**

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

Emergency Contact Number:

| | | |
|--------------------|--|-------------|
| Comment: | | |
| Corrective Action: | | Date: _____ |

Overall Good: ☐**Spills:**

| | | | | |
|------|------|--------|--|--|
| Type | Area | Volume | | |
|------|------|--------|--|--|

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

| | | | |
|--------------------|--------------------------------|-------|--|
| Type | WELLHEAD | | |
| Comment: | Surrounded by protective shed. | | |
| Corrective Action: | | Date: | |

Equipment:

| | | | |
|--------------------|---|-------|-----------------|
| Type: Other | # 1 | | corrective date |
| Comment: | Wellhead: w/ Master tubing & casing valves. Injection inlet line. | | |
| Corrective Action: | | Date: | |
| Type: Bradenhead | # 1 | | |
| Comment: | Wellhead: w/ Master tubing & casing valves. Injection inlet line. | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|---------------------|---------|-----------------------|
| | | | CENTRALIZED BATTERY | | 40.524090,-104.415900 |
| Comment: | Centralized Battery / Facility serves 1 Location ID (419255). (Well(s): 2: Injection Well IJ). Centralized Battery / Facility serves 1 UIC Disposal Facility ID (159346). | | | | |
| Corrective Action: | | | | Date: | |

Paint

| | |
|-----------|--|
| Condition | |
|-----------|--|

| | |
|------------------|--|
| Other (Content) | |
| Other (Capacity) | |
| Other (Type) | |

Berms

| | | | | |
|--------------------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

Venting:

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

Flaring:

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

Inspected FacilitiesFacility ID: 425778 Type: WELL API Number: 123-34520 Status: IJ Insp. Status: AC**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 2200**UIC Routine**

Inj./Tube: Pressure or inches of Hg 180 psig Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: DJINJ

TC: Pressure or inches of Hg 0 psig Previous Test Pressure _____ Last MIT: 01/13/2020

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

Comment: NOT Injecting at time of inspection.
Observed pressures at well:
Tbg: 180 psig.
Csg: 0 psig.
Bradenhead: 0 psig.
Last MIT Date: 01/13/2020.
Last MIT Test Pressure: 2,789 psig.
** 5-yr. MIT Due prior to 01/13/2025.
Maximum Allowable H2O Injection Pressure: 2,200 psig.

From NGL Data:
JUL 2024: Avg. Daily Inj. Amount: 6,488 BWPD (Bbls. H2O per Day) (21 Days).
Avg. Inj Tbg. Press: 583 psig.
Water received is from both pipeline & trucked in.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHeadDate of Last Brhd Test: 06/04/2024 Annual Brhd Completed? YesLast Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: NONEEnd Surf Csg Pressure: 0Comment: _____

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 | | | | | |

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT

ECMC Comments

| Comment | User | Date |
|---|--------|------------|
| <p>CECMC Inspection Report Synopsis:</p> <p>On TUE 07/23/2024 at approximately 09:39 hrs. I, Bret Evins, conducted an onsite inspection at: Operator Name: NGL WATER SOLUTIONS DJ LLC Location Name: NGL MAJOR FACILITY /C7 Location ID: 419255 Well Name(s): NGL C7B. API: 123-34520 Location County: Weld County, Colorado Weather: Mostly Sunny w/ haze, dry.</p> <p>While there, I observed: Well(s): 1: Injection Well IJ. Active, Intermittent Operation. NOT Injecting at time of inspection. Facility: Active Operation Active Injection. UIC Annual Inspection.</p> <p>Routine inspection.</p> <p>*Any Corrective Actions from prior inspections that have not been addressed remain applicable.</p> | evinsb | 07/25/2024 |

Attached Documents

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

| Document Num | Description | URL |
|--------------|---------------|---|
| 707603036 | Site photo(s) | https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6639846 |