

**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:

08/15/2024

Submitted Date:

08/15/2024

Document Number:

711901171

FIELD INSPECTION FORM

Loc ID: 312304 Inspector Name: SCHURE, KYM 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: 10487
Name of Operator: SPRINGDALE PARTNERS LLC
Address: 3409 MONTECLAIRE DR
City: SHERMAN State: TX Zip: 75092

Findings:

4 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
Schure, Kym		kym.schure@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
221143	WELL	AC	09/24/2004	STOW	075-09269	SPRINGDALE UNIT BANEY STATE 16-15 (OWP)	PA

General Comment:

OWP - MIRU - P&A COMMENCING

Inspected Facilities

Facility ID: 221143 Type: WELL API Number: 075-09269 Status: AC Insp. Status: PA

Cement

Cement Contractor

Contractor Name: BOHLER WELL

Contractor Phone: 970-522-3078

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: SAFETY MEETING, SET RIG, P&A IN PROGRESS

Corrective Action: _____

Date: _____

BradenHead

Date of Last Brhd Test: _____

Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: _____

Fluid Type: _____

End Surf Csg Pressure: _____

Comment: NO PRESSURE ON WELL

Corrective Action: _____

Date: _____

Workover

Comment: WO - MIRU - RIG ON LOCATION

Corrective Action: _____

Date: _____

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