

**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:

717700172

FIELD INSPECTION FORM

Loc ID: 448844 Inspector Name: Burns, Adam On-Site Inspection: 2A Doc Num: _____

Operator Information:

ECMC Operator Number: 10649
Name of Operator: EWS 4 DJ BASIN LLC
Address: 2015 CLUBHOUSE DR SUITE 201
City: GREELEY State: CO Zip: 80634

Status Summary:

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

Findings:

3 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
Gage, Dave		Dgage@expedition-water.com	
Taylor, Chad		chad.taylor@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
448843	WELL	IJ	05/01/2017	DSPW	123-44047	EWS 4A	AC

General Comment:

This is an annual UIC well audit

Location

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?

Equipment:

Type: Bradenhead	# 1		corrective date
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 448843 Type: WELL API Number: 123-44047 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 250 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DJINJ
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 03/09/2022
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTRReq: NO

Comment: Well was at an idle at the time of inspection
Last MIT was 3/11/22

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 11/29/2023 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: NONE
 End Surf Csg Pressure: 0

Comment: _____

Corrective Action: _____ Date: _____

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

Attached Documents

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

Document Num	Description	URL
717700173	Inspection Photo	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6666690