Inspector Name: Burns, Adam

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: 09/05/2024
Submitted Date:

Document Number: 717700422

09/05/2024

## FIFI D INSPECTION FORM

			INOI LOT					7	<u>17700422</u>
Loc ID	Inspector Nar	ne:	On-Site I	nspection		<u>Statu</u>	ıs Summary:		
444730	Burns, Adam		2A Doc Num:			☐ THIS IS A FOLLOW UP INSPECTION			
Operator In	nformation:					X F	OLLOW UP INSPECTIO	N REQU	JIRED
ECMC Ope	erator Number:	10071					O FOLLOW UP INSPEC	CTION R	EQUIRED
		NT OPERA	 ATING CORPO	RATION		<u>Find</u>	ings:		
	-					7	Number of Comments	s	
Address: 5	555 17TH ST STE	3700				1	— Number of Corrective	Actions	
City:	DENVER	State:	CO	Zip: 8020	)2	X C	— orrective Action Response I	Requested	d
						P	NY CORRECTIVE ACT PREVIOUS INSPECTION BEEN ADDRESSED ARI	IS THÁT	HAVE NOT
Contact Inf	formation:								
Contact Name		Phor	ne	Email		Comment			
,				Inspections@c m	iviresource	es.co	All Inspections		
Inspected I	Facilities:								
Facility ID	Туре	Status	Status Date	Well Class	API Num		Facility Name		Insp Status
444737	WELL	SI	06/01/2024	OW	123-4271	15	Anschutz Equus Farr 62-20-0164DB	ms 4-	PR
General Co	omment:								
This is an	audit on the well								
1									

Inspector Name: Burns, Adam

			Location		
Overall Good: X					
Signs/Marker:					
Туре	WELLHEAD				
Comment:	Well name sign at the we documentation and corre				
Corrective Action:	Date:	12/31/2024			
Emergency Contact N	Number:				
Comment:					
Corrective Action:	Date:	Date:			
Overall Good: 🔀					
Spills:					
Туре	Area	Volume			
In Containment: N	Jo				
Comment:					
Multilple Spills a	and Releases?				
Fencing/:					
Туре	WELLHEAD				
Comment:					
Corrective Action:				Date:	
Equipment:					corrective date
Type: Bradenhead	#	1			
Comment:					
Corrective Action:				Date:	
Type: Plunger Lift	#	1			
Comment:					
Corrective Action:				Date:	
<u>Venting:</u>	-				
Yes/No	NO				
Comment:					
Corrective Action:				Date:	
0011001110710110111		-			
Flaring:					
Flaring: Type Comment:					

Inspector Name: E	Burns, Adam	Inspecto	d Facilities						
E 111 ID 444	707 T WE			01.1	01		01.1	DD	
Facility ID: 444	737 Type: WEL	<del></del>	123-42715	Status:	SI	Insp.	Status: _	PR	
	. [55	Produc	cing Well			1			
Comme						_			
Corrective Action	on:					Date	):		
		Brade	enHead						
Date of Last Brhd Test: 01/25/2024 Annual Brhd Completed? Yes									
Last Brhd Test Re	sults Initial Surf Csg Pre	essure: 0	Fluid Type:						
	End Surf Csg Pres	sure: 0							
Comment									
Corrective Action	:					Date:			
The subreport 'In	usoWellFlowline' could no	ot he found at the sner	cified location \\1	IN 14 12					
		ECMC C	Comments .						
Comment					User		Date		
ECMC Inspectio	n Report Summary				burnsa		09/05/202	24	
conducted an or Well: Anschutz E Operator: Civitas API: 05-123-427 County: Weld During the insperiesues were ider Incorrect Well Nabase. Submit prowith Rule 605.d. A follow-up insperectified to comp Please note that addressed remains.	ction, a producing well watified: ame: Well name sign at toper documentation and ection is scheduled to enally with ECMC rules. any corrective actions from applicable.								
Attached Docu	<u>ments</u> CMC Images ( <u>https://ecm</u>	ic state co us/weblink/	) and search by	document nu	mher·				
Document Num	<u> </u>	URL	, 300.011 59						
403911419 INSPECTION https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=669489							4892		
717700423 Inspection Photos <a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=66948">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=66948</a>							4887		