

**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:

09/11/2024

Submitted Date:

09/13/2024

Document Number:

715500644

FIELD INSPECTION FORM

Loc ID 313047 Inspector Name: Burchett, Kirby On-Site Inspection 2A Doc Num: _____

Status Summary:

THIS IS A FOLLOW UP INSPECTION

FOLLOW UP INSPECTION REQUIRED

NO FOLLOW UP INSPECTION REQUIRED

Findings:

7 Number of Comments

1 Number of Corrective Actions

Corrective Action Response Requested

Operator Information:

ECMC Operator Number: 3975

Name of Operator: ARGALI EXPLORATION COMPANY

Address: PO BOX 416

City: RANGELY State: CO Zip: 81648

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
, Inspections		argaliexplorationcompany@gmail.com	
Rector, Brian	(970) 629-1906	brector1983@gmail.com	
Engineering, ECMC		dnr_cogccengineering@state.co.us	
Rector, Jeff	(970) 629-2614	jbrduco@yahoo.com	
Wilson, Justin	(970) 878-3825	jrwilson@blm.gov	
Taylor, Chad		chad.taylor@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159986	UIC Disposal	AC	05/12/2017	DSPW	-	Federal 5-35	AC
223452	WELL	IJ	01/01/2023	DSPW	081-06818	FEDERAL 5-35	IJ

General Comment:

[ECMC Inspection Report Summary](#)

On Wednesday, 09/11/2024, Inspector Kirby Burchett, conducted UIC Routine field inspection at Argali Exploration Company on the Federal 5-35 well, Location #313047, in Moffat County, Colorado.

This location is within or close proximity to a Parks & Wildlife (CPW) District with High Priority, NSO, Density and Other Consultation Habitat regulations.

Any Corrective Actions from previous Inspections are still applicable.

Review of production records indicate operator is delinquent in submitting monthly operations reports.

A follow up on this site inspection will be conducted to ensure all compliance issues have been corrected to comply with ECMC rules.

Location

Overall Good:

Signs/Marker:

	Type WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	970-629-1906		
Corrective Action:		Date:	

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

	Type OTHER		
Comment:	Fiberglass hut enclosing wellhead tree		
Corrective Action:		Date:	

Equipment:

					corrective date
Type: Gas Meter Run	# 2				
Comment:					
Corrective Action:			Date:		
Type: Bradenhead	# 1				
Comment:					
Corrective Action:			Date:		
Type: Other	# 1				
Comment:	Wellhead tree				
Corrective Action:			Date:		
Type: Deadman # & Marked	# 4				
Comment:					
Corrective Action:			Date:		

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			

Corrective Action:

Date:

Inspected Facilities

Facility ID: 159986 Type: UIC Disposal API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 873

UIC Routine

Inj./Tube: Pressure or inches of Hg 10 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Not injecting at time of inspection. Last MIT - 3/30/22

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

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

Facility ID: 223452 Type: WELL API Number: 081-06818 Status: IJ Insp. Status: IJ

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 873

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: LWIS
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 03/30/2022
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Review of production records indicate operator is delinquent in submitting monthly operations reports.

Corrective Action: Operators will report all existing oil and gas Wells that are not Plugged and Abandoned on the Form 7, Operator's Monthly Report of Operations within 45 days after the end of each month. Date: 10/12/2024

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

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				
		Drains				
		Culverts				
Gravel						
		Ditches				

Comment: Operator is responsible for maintaining Best Management Practices (BMPs) to control vehicle tracking and potential sediment discharges from operational roads, well pads, and other unpaved surfaces.

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
403920202	INSPECTION SUBMITTED	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6705969
715500645	Inspection Photos	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6705954