

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		
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In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

corrective date

Type: Deadman # & Marked	# 4			
Comment:				
Corrective Action:			Date:	
Type: Prime Mover	# 1			
Comment:				
Corrective Action:			Date:	
Type: Vertical Separator	# 1			
Comment:				
Corrective Action:			Date:	
Type: Bradenhead	# 1			
Comment: IS ACCESSABLE				
Corrective Action:			Date:	
Type: Progressive Cavity	# 1			
Comment:				
Corrective Action:			Date:	
Type: Gas Meter Run	# 1			
Comment: CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.				
Corrective Action:			Date:	
Type: Ancillary equipment	# 1			
Comment:				
Corrective Action:			Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 290448 Type: WELL API Number: 071-09274 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 08/15/2017 Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: _____

End Surf Csg Pressure: 0

Comment: FORM 4 ON FILE

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
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action: Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: <u>Produced Water</u>	Lined: <u>NO</u>	Pit ID: <u>291898</u>	Lat: <u>37.192360</u>	Long: <u>-104.744060</u>
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Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment:

Corrective Action Date: _____

Fencing:

Fencing Type: _____ Fencing Condition: Adequate

Comment:

Corrective Action Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment:

Corrective Action Date: _____

Anchor Trench Present: NO Oil Accumulation: NO 2+ feet Freeboard: YES

Comment:

Corrective Action Date: _____

Attached Documents

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

Document Num	Description	URL
716300133	INSP. PHOTOS	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6744534