

**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:

10/24/2024

Submitted Date:

10/24/2024

Document Number:

711901361

FIELD INSPECTION FORM

Loc ID 312230 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: 95620
Name of Operator: WESTERN OPERATING COMPANY
Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204

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
James, Steven	(303) 893-2438	steve@westernoperating.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219740	WELL	SI	12/01/2021	GW	075-06999	ROBERTS 1	PA

General Comment:

P&A - CEMENTING COMPLETED - (5) DAY WAIT ON NG MIGRATION PAST - NO NG MIGRATION DETECTED - CUT/CAP COMPLETED
CONTACT ECMC FLOWLINE GROUP WITH ANY CONCERNS OR DIRECTIVES - BACKFILL AND BEGIN RECLAMATION PROCESS

Inspected Facilities

Facility ID: 219740 Type: WELL API Number: 075-06999 Status: SI Insp. Status: PA

Cement

Cement Contractor

Contractor Name: YETTER WELL

Contractor Phone: 970-522-2885

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: P&A COMPLETED - SATISFACTORY
 NG MIGRATION - SATISFACTORY
 CUT/CAP WELLHEAD - SATISFACTORY
 CONTACT ECMC FLOWLINE GROUP FOR QUESTIONS OR DIRECTIVES
 BACKFILL AND BEGIN RECLAMATION PROCESS
 P&A PROCEDURE DESCRIBED ON PREVIOUS FIR

Corrective Action: _____

Date: _____

Workover

Comment: CREW ON LOCATION - CUT/CAP COMPLETED

Corrective Action: _____

Date: _____

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

ECMC Comments

Comment	User	Date
P&A COMPLETED	schureky	10/24/2024