

**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:

04/09/2025

Submitted Date:

04/09/2025

Document Number:

716300830

FIELD INSPECTION FORMLoc ID 308695 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

ECMC Operator Number: 10758

Name of Operator: OGRIS OPERATING LLC

Address: PO BOX 53467

City: MIDLAND State: TX Zip: 79710

Status Summary:

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

Findings:

8 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
B WARD, GIENA		gward@ogrisop.com	All Inspections
BACA, DAVE	719-859-4066	dbaca@ogrisop.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
279156	WELL	SI	02/01/2021	CBM	071-08471	APACHE CANYON 14-15	SI

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	OTHER		
Comment:	LOCATION SIGN IS PEELING AND BARELY LEGIBLE, SIGN NEEDS TO BE REPLACED AND KEPT UNTIL FINAL RECLIMATION HAS BEEN APPROVED.		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date: _____
Corrective Action:		

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	IS ACCESSABLE		
Corrective Action:		Date:	
Type: Ancillary equipment	# 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: Other	# 1		
Comment:	30 BBL PRODUCED WATER TANK		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

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Inspected FacilitiesFacility ID: 279156 Type: WELL API Number: 071-08471 Status: SI Insp. Status: SI**Cement**Cement Contractor

Contractor Name: _____

Contractor Phone: _____

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 OperationsDepth Plugs(feet range): 1578/1358/426Cement Volume (sx): 23/17/63Good Return During Job: YESCement Type: G NEAT

Comment: SET CIBP @ 1578' PUMP 1ST STAGE fr/ 1578' to 1428' 23 SKS 15.8 PPG NEAT G CMT FOLLOWED BY 5 BBLS WATER, POOH TO 1358' PUMPED 2ND STAGE from 1358' to 1244' 17 SKS 15.8 PPG NEAT G FOLLOWED BY 5 BBL WATER, POOH, RIH AND SET CIBP AT 426' PUMPED FINAL STAGE 63 SKS 15.8 PPG NEAT G CMT TO SURFACE W/ CIRCULATION TO PIT.

Corrective Action: _____

Date: _____

BradenHeadDate of Last Brhd Test: 06/14/2024Annual Brhd Completed? YesLast Brhd Test Results Initial Surf Csg Pressure: 0Fluid Type: NONEEnd Surf Csg Pressure: 0

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

Comment:

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NOPit ID: 292589Lat: 37.080210Long: -104.962100

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type: _____

Liner Condition: _____

Comment:

Corrective Action

Date: _____

Fencing:Fencing Type: None

Fencing Condition: _____

Comment:

Corrective Action

Date: _____

Netting:

Netting Type: _____

Netting Condition: _____

Comment:

Corrective Action

Date: _____

Anchor Trench Present: NOOil Accumulation: NO2+ feet Freeboard: YES

Comment:

Corrective Action

Date: _____

ECMC Comments

Comment	User	Date
90 DAYS TO REMOVE ALL FACILITIES AND EQUIPMENT FROM LOCATION CONTACT AREA EPS FOR DIRECTIVES ON ABANDONING PIT.	beardslt	04/09/2025