

**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:

04/28/2025

Submitted Date:

04/28/2025

Document Number:

698707415**FIELD INSPECTION FORM**Loc ID 312074 Inspector Name: Serna, Abe On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC Operator Number: 10758Name of Operator: OGRIS OPERATING LLCAddress: PO BOX 53467City: MIDLAND State: TX Zip: 79710**Status Summary:**

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

Findings:5 Number of Comments1 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
Baca, Dave	719-846-4066	dbaca@ogrisop.com	
, Ogris	719-220-4041	gzeches@ogrisop.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150279	UIC DISPOSAL	AC	01/04/1990		-	APACHE CANYON 19-10	AC

General Comment:[Injection Well Inspection](#)

LocationOverall Good: ☒**Signs/Marker:**

Type	OTHER		
Comment:	Braden valve & intermediate valv need to be labled		
Corrective Action:	Comply with rule 605	Date:	05/02/2025
Type	WELLHEAD		
Comment:	Adequate		
Corrective Action:		Date:	

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: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 150279 Type: UIC API Number: - Status: AC Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 11psi Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg 22 Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg 1 lb Previous Test Pressure _____ AnnMTReq: _____

Comment: Braden valve & intermediate valv need to be labled

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

ECMC Comments

Comment	User	Date
<u>Routine Inspection</u> <u>Drive time to and from location 2 hrs</u>	sernaa	04/28/2025

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

Document Num	Description	URL
404181886	INSPECTION SUBMITTED	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7026245
698707416	Photo	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7026229