

**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:
05/15/2025
Submitted Date:
05/16/2025
Document Number:
715202389

FIELD INSPECTION FORM

Loc ID 321880 Inspector Name: Welsh, Brian On-Site Inspection 2A Doc Num: _____

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

Operator Information:
ECMC Operator Number: 51065
Name of Operator: LOEB LLC* HERMAN L
Address: P O BOX 838
City: LAWRENCEVILLE State: IL Zip: 62439

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

Contact Information:

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
Pelton, Shane	620-617-5870	shane@loeboil.com	
Beasley, Nolan		nolan.beasley@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208311	WELL	IJ	06/19/2011	ERIW	017-07246	COX V 2	AC

General Comment:
[SE Compliance Specialist Brian Welsh conducted a Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Trail through farm ground		
Corrective ActionL		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input type="text"/>		
Corrective Action:	<input type="text"/>	Date:	<input type="text"/>

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Pipe fence around wellhead		
Corrective Action:		Date:	
Type	OTHER		
Comment:	Metal panels around cathodic rectifier and electric panel		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Ancillary equipment	# 2		
Comment:	Cathodic rectifier and electric panel		
Corrective Action:		Date:	

Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 208311 Type: WELL API Number: 017-07246 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>235 PSIG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>MRRW</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>03/23/2022</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A STRONG BLOW, DIED IMMEDIATELY. TBG IJ @ 235 PSIG

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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
Other	Pass	Other	Pass			

Comment: [Location and access are farmed over](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT