

**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:

05/19/2025

Submitted Date:

05/21/2025

Document Number:

715202407**FIELD INSPECTION FORM**Loc ID 309593 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC Operator Number: 10634Name of Operator: P O & G OPERATING LLCAddress: 5847 SAN FELIPE SUITE 3200City: HOUSTON State: TX Zip: 77057**Status Summary:**

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

Findings:14 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
Beasley, Nolan		nolan.beasley@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Nash, Charlotte	(713) 589-8186	charlotte_nash@pogresource.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
218118	WELL	IJ	06/01/2023	DSPW	073-06103	SSM O'BRIEN 1-19	AC

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

Location

Lease Road:			
Type	Access		
comment:	Dirt road through pasture		
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by wellhead. Sign isnt legible		
Corrective Action:	Install sign to comply with Rule 605.d.	Date:	06/19/2025
Type	TANK LABELS/PLACARDS		
Comment:	Stickers on tanks. Some stickers are faded and need replaced		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:	Metal panels around tank battery		
Corrective Action:		Date:	
Type	OTHER		
Comment:	Metal panels around solar panel		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Metal panels around wellhead		
Corrective Action:		Date:	
Type	IGNITOR/COMBUSTOR		
Comment:	Wire panels around ECD and propane tank		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Ancillary equipment	# 2		
Comment:	Solar powered cathodic rectifier and propane tank by ECD		
Corrective Action:		Date:	

Type: Deadman # & Marked	# 4	
Comment:		
Corrective Action:		Date:
Type: Emission Control Device	# 1	
Comment:	ECD on north side of tank battery	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	400 BBLs	STEEL AST		39.170250,-103.372760
Comment:	2-North tanks				
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	400 BBLs	FIBERGLASS AST		39.170250,-103.372760
Comment:	1-Green fiberglass tank 1-Black tank used as a gun barrel				
Corrective Action:					

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	Shared berms			
Corrective Action:				Date:

Venting:

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

--	--	--	--

Inspected FacilitiesFacility ID: 218118 Type: WELL API Number: 073-06103 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-13.5" Hg</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>CRKE</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>08/03/2022</u>
		AnnMTReq: <u>NO</u>	

Comment: CASING HAD A STRONG VAC, DIED IMMEDIATELY. TBG IJ @ -13.5" Hg

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY 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
Gravel	Pass	Ditches	Pass			
		Check Dams	Pass			
		Compaction	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT