

**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:

06/11/2025

Submitted Date:

06/12/2025

Document Number:

693808826

FIELD INSPECTION FORM

Loc ID 311844 Inspector Name: BROWNING, CHUCK 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: 6720
Name of Operator: ROBERT L BAYLESS PRODUCER LLC
Address: 707 17TH STREET SUITE 2975
City: DENVER State: CO Zip: 80202

Findings:

- 10 Number of Comments
- 1 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
Labowskie, Steve		steve.labowskie@state.co.us	
Trujillo, Helen		notices@rlbayless.com	All inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Beasley, Nolan		nolan.beasley@state.co.us	UIC Lead

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
277802	WELL	IJ	10/01/2023	DSPW	103-10578	WEAVER RIDGE 27-16	SI

General Comment:

[Routine UIC inspection.](#)

Location			
Lease Road:			
Type	Access		
comment:			
Corrective ActionL			Date:
Type	Main		
comment:			
Corrective ActionL			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	<input type="text" value="505-327-0880"/>		
Corrective Action:	<input type="text"/>		Date: _____
Good Housekeeping:			
Type	TRASH		
Comment:	Used filter socks outside pump housing		
Corrective Action:	remove		Date: 07/11/2025
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:	<input type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	TANK BATTERY		
Comment:	Hogwire & pipe		
Corrective Action:			Date:
Equipment:			
Type: Bradenhead	# 2		corrective date
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 6		
Comment:			

Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Pump inside housing		
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 2		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	300 BBLs	STEEL AST		39.929679,-109.047751
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
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:

Venting:

Yes/No	NO
Comment:	
Corrective Action:	Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 277802 Type: WELL API Number: 103-10578 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 10 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: CSLGT
 TC: Pressure or inches of Hg 60 Previous Test Pressure _____ Last MIT: 08/12/2020
 Brhd: Pressure or inches of Hg 12 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection. Well shut in. No active injection at time of inspection. NEXT MIT DUE BY 8/12/2025

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 12/23/2024 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: NONE
 End 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
Berms	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
693808835	Inspection photos 6/11/2025	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7092938