

**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:

07/16/2025

Submitted Date:

07/16/2025

Document Number:

716301234

FIELD INSPECTION FORM

Loc ID 308692 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:

- 5 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
BACA, DAVE	719-859-4066	dbaca@ogrisop.com	All Inspections
B WARD, GIENA		gward@ogrisop.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
279153	WELL	SI	02/01/2025	CBM	071-08468	NEW ELK 35-09	SI

General Comment:

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	PHOTO 3: WELLHEAD AND EQUIPMENT/ UNUSED EQUIPMENT (ONE 3" RISER NEXT TO WELLHEAD AND TWO 2" RISERS NORTH OF WELLHEAD) NOT IN USE OR MARKED.		
Corrective Action:	MARK OR REMOVE UNUSED EQUIPMENT PER RULE 606.	Date:	07/28/2025

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:			corrective date
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:			
Corrective Action:		Date:	
Type: Progressive Cavity	# 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: Bradenhead	# 1		
Comment:	IS ACCESSABLE		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

Venting:	
Yes/No	NO
Comment:	

Corrective Action:		Date:	
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Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 279153 Type: WELL API Number: 071-08468 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment:

Corrective Action: Date: _____

BradenHead

Date of Last Brhd Test: 04/04/2024 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
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	292671	2059184	

Attached Documents

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

Document Num	Description	URL
716301235	INSP. PHOTOS	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7153236