

**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:

07/25/2025

Submitted Date:

07/28/2025

Document Number:

711902423

FIELD INSPECTION FORM

Loc ID 317362 Inspector Name: SCHURE, KYM 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: 10690
Name of Operator: IMPETRO RESOURCES LLC
Address: 558 CASTLE PINES PKWY UNIT B-4
City: CASTLE PINES State: CO Zip: 80108

Findings:

8 Number of Comments
0 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 |
|----------------|--------------|-------------------------------|---------------------------------|
| Bongers, Brent | 361-935-5633 | bbongers@impetroresources.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 265747 | WELL | SI | 01/01/2025 | OW | 121-10688 | CHRISTIANSON 21C-12 | SI |

General Comment:

[ROUTINE FIR](#) [SATISFACTORY](#)

| Location | | | |
|--|---------------------|--------|-----------------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | MAINTAIN LEASE ROAD | | |
| Corrective ActionL | | Date: | |
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | SATISFACTORY | | |
| Corrective Action: | | Date: | |
| Emergency Contact Number: | | | |
| Comment: | SATISFACTORY | | |
| Corrective Action: | | | Date: _____ |
| Overall Good: <input type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | NONE | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Equipment: | | | |
| Type: Other | # 0 | | corrective date |
| Comment: | NO CHANGE | | |
| Corrective Action: | | Date: | |
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 265747 Type: WELL API Number: 121-10688 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: OW

Corrective Action: _____ Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

ECMC Comments

| Comment | User | Date |
|--------------------------|----------|------------|
| ROUTINE FIR SATISFACTORY | schureky | 07/28/2025 |