

**FORM
INSP**

Rev
X/20

**State of Colorado
Energy and Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

09/26/2025

Submitted Date:

09/26/2025

Document Number:

719500478

FIELD INSPECTION FORM

Loc ID 322342 Inspector Name: Morris, Matthew 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: 10539
Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORP
Address: 734 MAIN STREET 3RD FLOOR
City: GRAND JUNCTION State: CO Zip: 81501

Findings:

- 5 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
GAS, UTAH		inspections@utahgascorp.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
210318	WELL	TA	01/01/2022	GW	045-06074	FEDERAL 1-9	TA

General Comment:

On 9/23/2025 at approximately 13:45, Compliance Inspector Matthew Morris conducted an on-site audit at UTAH GAS OP LTD DBA UTAH GAS CORP, FEDERAL-67S103W/9SESW at Location ID #322342 in Garfield County, Colorado.

This location is within or in close proximity to, a CPW Density/High Priority Habitat, Black Bear, NSO Habitat, or Wildlife Management area.

Location

Overall Good:

Signs/Marker:

Type	OTHER		
Comment:	Rig sign posted at Hwy 139		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	911		
Corrective Action:		Date:	_____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 210318 Type: WELL API Number: 045-06074 Status: TA Insp. Status: TA

Cement

Cement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment:

Corrective Action:

Date: _____

Workover

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				
		Compaction				

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

ECMC Comments

Comment	User	Date
Inspection of plugging operations at Federal #1-9.	morris	09/26/2025

Attached Documents

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

Document Num	Description	URL
719500479	Photo Log	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7256098