

**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:

10/14/2025

Submitted Date:

10/14/2025

Document Number:

698708179

FIELD INSPECTION FORM

Loc ID 308858 Inspector Name: Serna, Abe 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: 10758
Name of Operator: OGRIS OPERATING LLC
Address: PO BOX 53467
City: MIDLAND State: TX Zip: 79710

Findings:

6 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 |
|--------------|--------------|---------------------|---------|
| Baca, Dave | 719-846-4066 | dbaca@ogrisop.com | |
| , Ogris | 719-220-4041 | gzeches@ogrisop.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 283709 | WELL | PR | 12/09/2011 | CBM | 071-08733 | GOLDEN EAGLE 20-2 | PR |

General Comment:

"This is a field audit of the scout card, related documents and the location."

Location

Overall Good:

Signs/Marker:

| | | | |
|--------------------|-----------------------------------|-------|--|
| | Type OTHER | | |
| | Comment: Well sign on meter house | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:

| Type | Area | Volume | | | |
|------|------|--------|--|--|--|
| | | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

| | | | | | corrective date |
|---------------------------|---|--|--|-------|-----------------|
| Type: Prime Mover | # 1 | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |
| Type: Bradenhead | # 1 | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |
| Type: Ancillary equipment | # 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: Vertical Separator | # 1 | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |
| Type: Progressive Cavity | # 1 | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |
| Type: Deadman # & Marked | # 4 | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |

Venting:

Yes/No NO

| | | | |
|--------------------|--|-------|--|
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | | |
|--------------------|--|-------|--|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 283709 Type: WELL API Number: 071-08733 Status: PR Insp. Status: PR

Producing Well

Comment: [PR](#)

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 03/03/2025 Annual Brhd Completed? No

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: _____

End Surf Csg Pressure: 0

Comment: [Submit files](#)

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 |
| Ditches | Pass | Culverts | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Produced Water Lined: NO Pit ID: Lat: Long:

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: Liner Condition:

Comment:

Corrective

Date:

Fencing:

Fencing Type: None Fencing Condition:

Comment:

Corrective

Date:

Netting:

Netting Type: Netting Condition:

Comment:

Corrective

Date:

Anchor Trench Present: Oil Accumulation: 2+ feet Freeboard:

Comment:

Corrective

Date:

ECMC Comments

| Comment | User | Date |
|------------------------------------|--------|------------|
| Routine Inspection | sernaa | 10/14/2025 |

Attached Documents

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

| Document Num | Description | URL |
|--------------|-------------|---|
| 698708180 | Photo | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7281325 |