

**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:

03/24/2026

Submitted Date:

03/24/2026

Document Number:

716302082

FIELD INSPECTION FORM

Loc ID 307995 Inspector Name: Beardslee, Tom 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:

9 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
B ZECHES, GIENA		gzeches@ogrisop.com	All Inspections
BACA, DAVE	719-859-4066	dbaca@ogrisop.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
260024	WELL	PR	10/23/2013	CBM	071-07361	HILL RANCH 25-05V	PR

General Comment:

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

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type	#	Comment	Corrective Action	Date	corrective date
Type: Prime Mover	# 1				
		Comment: <input type="text"/>			
			Corrective Action: <input type="text"/>	Date: <input type="text"/>	
Type: Deadman # & Marked	# 4				
		Comment: <input type="text"/>			
			Corrective Action: <input type="text"/>	Date: <input type="text"/>	
Type: Vertical Separator	# 1				
		Comment: <input type="text"/>			
			Corrective Action: <input type="text"/>	Date: <input type="text"/>	
Type: Gas Meter Run	# 1				
		Comment: CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.			
			Corrective Action: <input type="text"/>	Date: <input type="text"/>	
Type: Progressive Cavity	# 1				
		Comment: <input type="text"/>			
			Corrective Action: <input type="text"/>	Date: <input type="text"/>	
Type: Bradenhead	# 1				
		Comment: IS ACCESSABLE			
			Corrective Action: <input type="text"/>	Date: <input type="text"/>	
Type: Compressor	# 1				
		Comment: FORM 4 VACUUM SUNDRY IS ON FILE DOC #400515035			
			Corrective Action: <input type="text"/>	Date: <input type="text"/>	
Type: Other	# 1				
		Comment: PHOTO 5: VENT ON 30 BBL PRODUCED WATER TANK DOES NOT HAVE WILDLIFE PROTECTION.			
			Corrective Action: <input type="text"/>	Date: <input type="text"/>	
Type: Ancillary equipment	# 1				

Comment:			
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	APP. 200 GAL. PRODUCED WATER TANK.		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 260024 Type: WELL API Number: 071-07361 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 09/08/2025 Annual Brhd Completed? Yes

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

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			
Ditches	Pass	Culverts	Pass			

Comment:

Corrective Action: Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Produced Water Lined: NO Pit ID: 268805 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: NO Oil Accumulation: NO 2+ feet Freeboard: YES

Comment:

Corrective Date: _____

Attached Documents

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

Document Num	Description	URL
716302083	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7492179