

**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:

04/09/2026

Submitted Date:

04/09/2026

Document Number:

716302154

FIELD INSPECTION FORM

Loc ID 308387 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:

7 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	719-859-4066	dbaca@ogrisop.com	All Inspections
B ZECHES, GIENA		gzeches@ogrisop.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
270800	WELL	SI	03/01/2025	GW	071-07958	APACHE CANYON 14-7	SI
291911	PIT	AC	08/28/2008		-	APACHE CANYON 14-07	AC

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: Vertical Separator	# 1	Comment:	Corrective Action:	Date:	
Type: Bradenhead	# 1	Comment: IS ACCESSABLE	Corrective Action:	Date:	
Type: Pump Jack	# 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: Deadman # & Marked	# 4	Comment:	Corrective Action:	Date:	
Type: Ancillary equipment	# 1	Comment:	Corrective Action:	Date:	
Type: Other	# 1	Comment: CONCRETE JUMPJACK PAD	Corrective Action:	Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 270800 Type: WELL API Number: 071-07958 Status: SI Insp. Status: SI

BradenHead

Date of Last Brhd Test: 11/18/2025 Annual Brhd Completed? Yes

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

Comment: _____

Corrective Action: _____

Date: _____

Workover

Comment: SET CIBP @ 1696' PUMPED 3.5 BBLs CLASS G AND DISPLACED W/ 9.5 BBLs WATER.
SET CIBP @ 647' PUPED .5 BBLs CLASS G AND DISPLACED W/ 3.5 BBLs WATER.
SET CIBP @ 521' PUPED 13 BBLs CLASS G.

Corrective Action: _____

Date: _____

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

Facility ID: 291911 Type: PIT API Number: - Status: AC Insp. Status: AC

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

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Produced Water Lined: NO Pit ID: 291911 Lat: 37.085750 Long: -104.960400

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
716302155	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7514257