

**FORM  
INSP**Rev  
05/11**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:

06/08/2016

Document Number:

684901460

Overall Inspection:

SATISFACTORY w/ CMT  
or AR**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	421249	421249	Pesicka, Conor	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 10373Name of Operator: NGL WATER SOLUTIONS DJ LLCAddress: 3773 CHERRY CRK NORTH DR #1000City: DENVER State: CO Zip: 80209

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

Contact Name	Phone	Email	Comment
Patterson, Joshua	970.356.5560	Joshua.Patterson@nglep.com	VP of Operations

**Compliance Summary:**QtrQtr: NESE Sec: 29 Twp: 11N Range: 62W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159354	UIC DISPOSAL	AC	01/14/2011		-	NGL FACILITY C8	AC	<input checked="" type="checkbox"/>
421228	WELL	IJ	12/29/2010	DSPW	123-32858	NGL C8A	AC	<input checked="" type="checkbox"/>
421233	WELL	IJ	12/28/2012	DSPW	123-32860	NGL C8B	AC	<input checked="" type="checkbox"/>

**Equipment:****Location Inventory**

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>2</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>20</u>	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>4</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

**Location****Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	ACTION REQUIRED	Conical tanks missing safety placard	Install sign to comply with rule 210d.	08/08/2016
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

<b>Good Housekeeping:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<b>Equipment:</b>			
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	pumps- 2, empty		
Corrective Action			Date:

<b>Facilities:</b>				
<input type="checkbox"/> New Tank	Tank ID: _____			
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	OTHER	STEEL AST	40.894960,-104.335460
S/AR	SATISFACTORY	Comment:	Polish tanks	
Corrective Action:				Corrective Date:

<b>Paint</b>				
Condition	Adequate			
Other (Content)				
Other (Capacity)	825bbl			
Other (Type)				

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date:
Comment	shared with produced water			

<b>Facilities:</b>				
<input type="checkbox"/> New Tank	Tank ID: _____			

Inspector Name: Pesicka, Conor

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	OTHER	OTHER	40.894960,-104.335460
S/AR	SATISFACTORY		Comment: conical tanks	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) \_\_\_\_\_

Other (Capacity) 744bbl \_\_\_\_\_

Other (Type) conical \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date
-------------------	-----------------

Comment	shared with produced water
---------	----------------------------

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	500 BBLS	FIBERGLASS AST	40.894960,-104.335460

S/AR	SATISFACTORY		Comment:	
------	--------------	--	----------	--

Corrective Action:	Corrective Date:
--------------------	------------------

Paint

Condition	Adequate
-----------	----------

Other (Content) \_\_\_\_\_

Other (Capacity) 543bbl \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date
-------------------	-----------------

Comment	shared with produced water
---------	----------------------------

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	500 BBLS	FIBERGLASS AST	40.894960,-104.335460

S/AR	SATISFACTORY		Comment:	
------	--------------	--	----------	--

Corrective Action:	Corrective Date:
--------------------	------------------

Paint

Condition	Adequate
-----------	----------

Other (Content) \_\_\_\_\_

Other (Capacity) 508bbl \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Inspector Name: Pesicka, Conor

Corrective Action		Corrective Date	
Comment		shared with produced water	
<b>Facilities:</b>		<input type="checkbox"/> New Tank      Tank ID: _____	
Contents	#	Capacity	SE GPS
PRODUCED WATER	2	100 BBLS	40.894960,-104.335460
S/AR	SATISFACTORY	Comment: HWSB	
Corrective Action:		Corrective Date:	
<u>Paint</u>			
Condition	Adequate		
Other (Content) _____			
Other (Capacity) _____			
Other (Type) _____			
<u>Berms</u>			
Type	Capacity	Permeability (Wall)	Maintenance
Corrective Action		Corrective Date	
Comment		shared with produced water	
<b>Facilities:</b>		<input type="checkbox"/> New Tank      Tank ID: _____	
Contents	#	Capacity	SE GPS
PRODUCED WATER	6	OTHER	40.894960,-104.335460
S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	
<u>Paint</u>			
Condition	Adequate		
Other (Content) _____			
Other (Capacity) 660bbl			
Other (Type) _____			
<u>Berms</u>			
Type	Capacity	Permeability (Wall)	Maintenance
Corrective Action		Corrective Date	
Comment		shared with produced water	
<b>Facilities:</b>		<input type="checkbox"/> New Tank      Tank ID: _____	
Contents	#	Capacity	SE GPS
CRUDE OIL	9	400 BBLS	40.894960,-104.335460
S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	
<u>Paint</u>			
Condition	Adequate		
Other (Content) _____			

Inspector Name: Pesicka, Conor

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
-------------------	--	-----------------	--

Comment	Shared with produced water
---------	----------------------------

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	12	500 BBLs	FIBERGLASS AST	40.894960,-104.335460

S/AR	SATISFACTORY	Comment:	
------	--------------	----------	--

Corrective Action:		Corrective Date:	
--------------------	--	------------------	--

Paint

Condition	Adequate
-----------	----------

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Concrete	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
-------------------	--	-----------------	--

Comment	
---------	--

**Venting:**

Yes/No	NO
--------	----

Comment	
---------	--

**Flaring:**

Type		Satisfactory/Action Required	
------	--	------------------------------	--

Comment:	
----------	--

Corrective Action:		Correct Action Date:	
--------------------	--	----------------------	--

**Predrill**

Location ID: 421249

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

S/AR: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
OGLA	allisonr	Location is in a sensitive area because of proximity to a domestic water well; therefore either a lined drilling pit or closed loop system is required.	01/18/2011

S/AR: \_\_\_\_\_ Comment: \_\_\_\_\_

CA: \_\_\_\_\_ Date: \_\_\_\_\_

**Wildlife BMPs:**

S/AR: \_\_\_\_\_ Comment: \_\_\_\_\_

CA: \_\_\_\_\_ Date: \_\_\_\_\_

Comment: \_\_\_\_\_

**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Operator Rep. Contact Information:

Landman Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Onsite Request Received: \_\_\_\_\_ Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

LGD Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agreed to Attend: \_\_\_\_\_

Summary of Landowner Issues:

\_\_\_\_\_

Summary of Operator Response to Landowner Issues:

\_\_\_\_\_

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

\_\_\_\_\_

**Facility**

Facility ID: 159354 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 421228 Type: WELL API Number: 123-32858 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

UIC RoutineInj./Tube: Pressure or inches of Hg 0  
(e.g. 30 psig or -30" Hg)

Previous Test Pressure \_\_\_\_\_

MPP \_\_\_\_\_

Inj Zone: ADMI

TC: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_

Last MIT: 12/02/2011

Brhd: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_

AnnMTReq: YES

Comment: Last MIT was 2011, MIT required within the year. Well currently not injecting.

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_

Tbg psi: \_\_\_\_\_

Csg psi: \_\_\_\_\_

BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

**BradenHead**

Comment: Bradenhead plumbed to surface

CA: \_\_\_\_\_

CA Date: \_\_\_\_\_

Facility ID: 421233 Type: WELL API Number: 123-32860 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

UIC RoutineInj./Tube: Pressure or inches of Hg 880  
(e.g. 30 psig or -30" Hg)

Previous Test Pressure \_\_\_\_\_

MPP \_\_\_\_\_

Inj Zone: LYNS

TC: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_

Last MIT: 11/07/2012

Brhd: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_

AnnMTReq: NO

Comment: Not currently injecting, injected at 880psi in the morning.

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_

Tbg psi: \_\_\_\_\_

Csg psi: \_\_\_\_\_

BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

**BradenHead**

Comment: Bradenhead plumbed to surface

CA: \_\_\_\_\_

CA Date: \_\_\_\_\_

**Environmental**Spills/Releases:

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Proximity to Surface Water: \_\_\_\_\_ Depth to Ground Water: \_\_\_\_\_

**Water Well:**

Lat

Long

DWR Receipt Num:

Owner Name:

GPS :

**Field Parameters:**

Sample Location: \_\_\_\_\_

Emission Control Burner (ECB): \_\_\_\_\_

Comment: \_\_\_\_\_

Pilot: \_\_\_\_\_

Wildlife Protection Devices (fired vessels): \_\_\_\_\_

**Reclamation - Storm Water - Pit****Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_

Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: DRY LAND

Comment: \_\_\_\_\_

1003a. Waste and Debris removed? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_

CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_

CA Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_

CA Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_

CA Date \_\_\_\_\_

1003b. Area no longer in use? InProduction areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? PassSubsidence over on drill pit? Pass

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? \_\_\_\_\_

Production areas have been stabilized? \_\_\_\_\_

Segregated soils have been replaced? \_\_\_\_\_

**RESTORATION AND REVEGETATION****Cropland**

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

Perennial forage re-established \_\_\_\_\_

**Non-Cropland**

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment: \_\_\_\_\_

Overall Interim Reclamation \_\_\_\_\_



**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_

Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: COMMERCIAL \_\_\_\_\_

Reminder: \_\_\_\_\_

Comment: \_\_\_\_\_

Well plugged \_\_\_\_\_

Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_

No disturbance /Location never built \_\_\_\_\_

Access Roads Regraded \_\_\_\_\_

Contoured \_\_\_\_\_

Culverts removed \_\_\_\_\_

Gravel removed \_\_\_\_\_

Location and associated production facilities reclaimed \_\_\_\_\_

Locations, facilities, roads, recontoured \_\_\_\_\_

Compaction alleviation \_\_\_\_\_

Dust and erosion control \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_

Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_

Subsidence \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_

Well Release on Active Location ☐Multi-Well Location ☐**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Gravel	Pass			
Seeding	Pass					
Gravel	Pass					
Ditches	Pass	Culverts	Pass			
Slope Roughening	Pass					

S/A/V: SATISFACTOR

Corrective Date: \_\_\_\_\_

Y \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:** ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
684901461	No safety placard on conical tanks	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3874889">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3874889</a>