

**FORM  
INSP**

Rev  
X/15

**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:  
10/20/2016  
Submitted Date:  
10/20/2016  
Document Number:  
673403771

**FIELD INSPECTION FORM**

Loc ID 312785 Inspector Name: Waldron, Emily 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:**

OGCC Operator Number: 95960  
Name of Operator: WEXPRO COMPANY  
Address: P O BOX 45003  
City: SALT LAKE CITY State: UT Zip: 84145-

**Findings:**

1 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Fredrickson, Tammy	307-352-7566	Tammy.Fredrickson@questar.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
222427	WELL	PR	10/03/2003	GW	081-05430	SUGAR LOAF-GOVERNMENT 6	PR

**General Comment:**

*(This area is currently blank for general comments.)*

**Location**

Overall Good:

**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment:	<input type="text"/>	Date:	
Corrective Action:	<input type="text"/>		

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

**Equipment:**

Type: Bird Protectors	#		corrective date
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heater Treater	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tanak ID	SE GPS
PRODUCED WATER	1	200 BBLS	HEATED STEEL AST		40.933180,-108.740460
Comment:					
Corrective Action:				Date:	

**Paint**

Condition	Adequate
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Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate			Adequate
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 222427 Type: WELL API Number: 081-05430 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Corrective Action:

Date:

**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