

Location

Overall Good:

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

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	6' CHAIN LINK		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	AG PANEL		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	AG PANEL		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	AG PANEL		

Corrective Action:		Date:	
Type	OTHER		
Comment:	COMPRESSOR WALLS		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Pig Station	# 1		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 3		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 10		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Vertical Separator	# 4		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 7		
Comment:			
Corrective Action:		Date:	
Type: Compressor	# 2		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 3		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	400 BBLs	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	

Comment:					
Corrective Action:				Date:	

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	12	400 BBLs	STEEL AST		

Comment:					
Corrective Action:				Date:	

Paint

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

Berms

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

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities			
Facility ID: <u>435876</u>	Type: <u>WELL</u>	API Number: <u>123-38816</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>PR</u>	Corrective Action: <input style="width: 100%;" type="text"/>		Date: <input style="width: 50%;" type="text"/>
BradenHead			
Comment: <u>PLUMBED TO SURFACE</u>	Corrective Action: <input style="width: 100%;" type="text"/>		Date: <input style="width: 50%;" type="text"/>
Facility ID: <u>435881</u>	Type: <u>WELL</u>	API Number: <u>123-38821</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>PR</u>	Corrective Action: <input style="width: 100%;" type="text"/>		Date: <input style="width: 50%;" type="text"/>
BradenHead			
Comment: <u>PLUMBED TO SURFACE</u>	Corrective Action: <input style="width: 100%;" type="text"/>		Date: <input style="width: 50%;" type="text"/>
Facility ID: <u>435884</u>	Type: <u>WELL</u>	API Number: <u>123-38824</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>PR</u>	Corrective Action: <input style="width: 100%;" type="text"/>		Date: <input style="width: 50%;" type="text"/>
BradenHead			
Comment: <u>PLUMBED TO SURFACE</u>	Corrective Action: <input style="width: 100%;" type="text"/>		Date: <input style="width: 50%;" type="text"/>

Environmental

Spills/Releases:

Type of Spill: _____ Estimated Spill Volume: _____
Comment: _____
Corrective Action: _____ Date: _____
Reportable: _____ GPS: Lat _____ Long _____
Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well Complaint:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____ Comment: _____

Spill/Remediation:

Comment: _____
Corrective Action: _____ Date: _____

Emission Control Burner (ECB): YES

Comment: _____

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass					
Gravel	Pass					

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Optical Gas Imaging Survey

Survey Type: Routine

Current Operations: Production Workover Flowback Referred to APCD

GPS(entrance of location): Lat: 40.438260 Long: -104.722730

Wind: Light Speed: 0-2 (mph) Direction From: SW Weather: Cloudy Temperature: 54 (F)

Assisting Staff: _____ Camera #: _____

Visible Smoke Referred to CDPHE

Times Surveyed

Equipment Surveyed

Time Survey Start	AM/PM	Time Survey End	AM/PM
1510	PM	1513	PM

Equipment
Oil Tank(s)
Separation Equipment
Water Tank(s)
Wellhead(s)

Comment:

Corrective Action:

Date:

COGCC Comments

Comment	User	Date
ROUTINE THERMAL IMAGERY INSPECTION OF LOCATION NO VIOLATIONS OBSERVED DURING INSPECTION	gomezj	01/09/2017

Attached Documents

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

Document Num	Description	URL
401181349	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4047696
672500297	KINKADE LOCATION	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4047692