

**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:

01/14/2017

Submitted Date:

01/14/2017

Document Number:

685501730**FIELD INSPECTION FORM**
 Loc ID 413438 Inspector Name: MONTOYA, JOHN On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 10295Name of Operator: LONE STAR LLCAddress: PO BOX 1715City: GAINESVILLE State: TX Zip: 76241**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Ries, Barb	970-284-7820	bries@selectenergyservices.com	Inspections
Burn, Diana		diana.burn@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159372	UIC DISPOSAL	AC	04/16/2012		-	LSWD #1	AC

General Comment:

Location**Lease Road:**

Type	Main		
comment:			
Corrective ActionL		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:	SE CORNER N40.13872 W-104.35690		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	OK	
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 159372 Type: UIC API Number: - Status: AC Insp. Status: AC**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 2000**UIC Routine**

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEEDTest Type: Verification of Repairs Tbg psi: -0-12 Csg psi: 0 BH psi: 0Insp. Status: Pass
 Comment: MIT TEST VERIFICATION OF REPAIRS
START 2153 PSI, 5 MIN 2153 PSI, 10 MIN 2157, 15 MIN 2163 PSI, +10 PSI

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>MIT TEST VERIFICATION OF REPAIRS</u>	montoyaj	01/14/2017