

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		

In Containment: No _____

Comment: _____

Multiple Spills and Releases?

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility 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 FEED

Test Type: Verification of Repairs Tbg psi: -0-12 Csg psi: 0 BH psi: 0

Insp. 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