

**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:

01/17/2017

Submitted Date:

01/17/2017

Document Number:

673403982**FIELD INSPECTION FORM**

Loc ID 313368 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num:                     

**Operator Information:**OGCC Operator Number: 95960Name of Operator: WEXPRO COMPANYAddress: P O BOX 45003City: SALT LAKE CITY State: UT Zip: 84145-**Status Summary:**

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

**Findings:**2 Number of Comments0 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
293069	WELL	PR	06/05/2008	GW	081-07406	B W MUSSER 27	PR

**General Comment:**

**Location**Overall Good: ☒**Signs/Marker:**

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

Emergency Contact Number:

Comment: 1-800-341-3129

Corrective Action:

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

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

Type: Gas Meter Run	# 1		corrective date
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	#		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heater Treater	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
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CONDENSATE	2	400 BBLs	HEATED STEEL AST		40.944860,-108.295700	
Comment:						
Corrective Action:						Date:
<b>Paint</b>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<b>Berms</b>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate			Adequate		
Comment:						
Corrective Action:						Date:
<b>Venting:</b>						
Yes/No	NO					
Comment:						
Corrective Action:						Date:
<b>Flaring:</b>						
Type						
Comment:						
Corrective Action:						Date:

<b>Inspected Facilities</b>				
Facility ID: 293069	Type: WELL	API Number: 081-07406	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
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: No apparent soil migration; erosion or soil movement.

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT