

**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:  
01/20/2017  
Submitted Date:  
01/21/2017  
Document Number:  
668005150

**FIELD INSPECTION FORM**

Loc ID 322234 Inspector Name: DURAN, JOHN 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: 10417  
Name of Operator: INCREMENTAL OIL & GAS (FLORENCE) LLC  
Address: 600 17TH ST SUITE 2625 SOUTH  
City: DENVER State: CO Zip: 80202

**Findings:**  
6 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Duggins, Will	720-763-3186/816-244-9497	will@i-og.net	All Inspections
Whisler, John	720-763-3183/303-862-2822	JWhisler@i-og.net	All Inspections
Hasty, Tim	(719) 429-3529	thhasty@gmail.com	All Inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
295254	WELL	PR	10/01/2008	OW	043-06150	RAINBOW 23-20	PR

**General Comment:**

**Location**

Overall Good:

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:  Date: \_\_\_\_\_

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	
Type	LOCATION		
Comment:			
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Pump Jack	# 1		
Comment:	Strapjack		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Electrical box.		
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	3	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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	
Comment:	
Corrective Action:	Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 295254 Type: WELL API Number: 043-06150 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT