

**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:                     
**Operator Information:**OGCC Operator Number: 10417Name of Operator: INCREMENTAL OIL & GAS (FLORENCE) LLCAddress: 600 17TH ST SUITE 2625 SOUTHCity: DENVER State: CO Zip: 80202**Status Summary:**

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

**Findings:**6 Number of Comments0 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	<a href="#">All Inspections</a>
Whisler, John	720-763-3183/303-862-2822	JWhisler@i-og.net	<a href="#">All Inspections</a>
Hasty, Tim	(719) 429-3529	thhasty@gmail.com	<a href="#">All Inspections</a>

**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