

**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:
02/03/2017
Submitted Date:
02/09/2017
Document Number:
675203813

FIELD INSPECTION FORM

Loc ID 312454 Inspector Name: CONKLIN, CURTIS On-Site Inspection 2A Doc Num: _____

Status Summary:
 THIS IS A FOLLOW UP INSPECTION
 FOLLOW UP INSPECTION REQUIRED
 NO FOLLOW UP INSPECTION REQUIRED

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

Operator Information:
OGCC Operator Number: 10628
Name of Operator: GREENLEAF ENVIRONMENTAL SERVICES LLC
Address: PO BOX 99
City: EASTLAKE State: CO Zip: 80614

Contact Information:

Contact Name	Phone	Email	Comment
Engineering		dnr_cogccengineering@state.co.us	All Engineering
Kroshus, John		john.kroshus@iptenergyservices.com	IPT Energy Services

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
221653	WELL	DG	01/30/2017	GW	077-08255	Greenleaf Disposal 1	DG

General Comment:

Location

Lease Road:			
Type	Access		
comment:	Access via Greenleaf facility		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 80%;" type="text"/>

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: 221653 Type: WELL API Number: 077-08255 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign Pusher/Rig Manager: John Kroshus
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment: Recompletion using Workover rig

Corrective Action: _____ Date: _____

Workover

Comment: Workover rig doing recompletion.

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>Notifications have been received for spud and verbal notification for squeeze job.</u>	conklinc	02/09/2017