

**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:

03/01/2017

Submitted Date:

03/01/2017

Document Number:

680401171**FIELD INSPECTION FORM**Loc ID 312454 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10628Name of Operator: GREENLEAF ENVIRONMENTAL SERVICES LLCAddress: PO BOX 99City: EASTLAKE State: CO Zip: 80614**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
Smith, Lisa		Lisa@permitco-usa.com	
McNair, Jake	208-390-2746	jakem@greenlfservices.com	
Koehler, Bob		bob.koehler@state.co.us	

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	PD

General Comment:

UIC MIT. Initial test for new UIC application.

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Horizontal Heated Separator	# 0		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 0		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 221653 Type: WELL API Number: 077-08255 Status: DG Insp. Status: PD**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>WMFK</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/18/2012</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 1550 BH psi: 0Insp. Status: PassComment: UIC-MIT. Initial MIT for new UIC application.
Pressured well to 1550 psi. Hold for 15 min. Final pressure 1550 psi. -0 psi loss. OK.
Test witnessed using gauges on wellhead.
Rigging up for step rate test.

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
Berms	Pass	Ditches	Pass			

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT