

**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:

04/21/2017

Submitted Date:

04/24/2017

Document Number:

680301880**FIELD INSPECTION FORM**
 Loc ID 313979 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_
**Operator Information:**OGCC Operator Number: 10203Name of Operator: BLACK RAVEN ENERGY INCAddress: 165 S UNION BLVD SUITE 410City: LAKEWOOD State: CO Zip: 80228**Status Summary:**

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

**Findings:**7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Wehrer, Gene		gwehrer@enerjexresources.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
227414	WELL	TA	05/03/1990	ERIW	087-60019	ADENA J SAND UNIT W-13	TA

**General Comment:**

UIC/MIT (5) year. Form 42 notification via telephone call from Operator. Operator having problems submitting via COGCC e-form. Form 21 attached.

NOTE to OPERATOR: Submit Form 21 results via COGCC e-form.

**Location****Lease Road:**

Type	Access		
comment:	Two track		
Corrective Action	L	Date:	

Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment:	Satisfactory		
Corrective Action:		Date:	

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

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

Type: Other	# 0		corrective date
Comment:	No change in surface equipment inventoried		
Corrective Action:		Date:	

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	227414	Type:	WELL	API Number:	087-60019	Status:	TA	Insp. Status:	TA
Idle Well									
Purpose: <input type="checkbox"/> Shut In <input checked="" type="checkbox"/> Temporarily Abandoned      Reminder: _____									
Comment: UIC/MIT (5) year Casing pressure before start = 0. Casing pressure @ start = 320 psi. Casing pressure @ 5 min. = 320 psi. Casing pressure @ 10 min.= 319 psi. Casing pressure @ 15 min.= 318 psi. Loss or Gain = -2 psi. SATISFACTORY									
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
Other	In Process	Other	In Process			

Comment: [Use BMP's for stormwater erosion management](#)

Corrective Action:

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

**Pits:** ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401266402	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4130869">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4130869</a>
680301881	Form 21	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4130714">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4130714</a>