

FORM  
INSPRev  
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:

05/16/2017

Submitted Date:

05/18/2017

Document Number:

668005440

**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection   
419490 \_\_\_\_\_ DURAN, JOHN \_\_\_\_\_ 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
Harkins, Liz	303-233-2232/719-429-4513	Lharkins@austinexploration.com	All Inspections
Goss, Aaron	303-233-2232/303-495-0327	AGoss@austinexploration.com	All Inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
419492	WELL	PR	05/17/2012	OW	043-06198	GREENBACK 33-29-ST1	PR

**General Comment:**

**Location**

Overall Good:

**Signs/Marker:**

Type	WELLHEAD		
Comment:	Lease sign has been updated with current operator and new contact number.		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	303-495-0327/719-429-4513	Date:	
Corrective Action:		Date:	

Overall Good:

**Spills:**

Type	Area	Volume		
In Containment: No				
Comment: <input type="text"/>				
<input type="checkbox"/> Multiple Spills and Releases?				

**Fencing/:**

Type	LOCATION		
Comment:			
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	

**Equipment:**

Type: Ancillary equipment	# 1		corrective date
Comment:	Electrical box		
Corrective Action:		Date:	
Type: Pump Jack	# 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	1	300 BBLS	FIBERGLASS AST		,
Comment:	<input type="text"/>				

Corrective Action:	Date:
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**Paint**

Condition		
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: 419492 Type: WELL API Number: 043-06198 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

Permit:	Facility ID	Permit Num	Expiration Date
	421871	2524523	