

**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:

05/27/2017

Submitted Date:

05/27/2017

Document Number:

680401519

FIELD INSPECTION FORM

Loc ID 312744 Inspector Name: BROWNING, CHUCK On-Site Inspection 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: 10310
Name of Operator: FRAM OPERATING LLC
Address: 2313 LOGOS DR
City: GRAND JUNCTION State: CO Zip: 81505

Findings:

- 6 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

| Contact Name | Phone | Email | Comment |
|-----------------|----------------|-------------------------------|-----------------|
| Cook, David | (719) 314-1623 | dave@framamericas.com | |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Mosnes, Arvid | 970-260-7312 | arvid.mosnes@framamericas.com | VP Operations |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 294259 | WELL | TA | 03/01/2017 | OG | 077-09474 | MANSUR 33-4-C | TA |
| 437442 | WELL | TA | 09/19/2014 | OG | 077-10217 | Mansur 33-4-D | TA |

General Comment:

MIT to maintain SI/TA status.

Location

| | | | |
|--------------------|--------|--|-------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | | | |
| Corrective Action | | | Date: |
| Type | Main | | |
| comment: | | | |
| Corrective Action | | | 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 | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 0 | | |
| Comment: Equipment removed | | | |
| Corrective Action: | | | Date: |

| | | | | | |
|-------------------------|---|----------|-----------|---------|-----------------------|
| Tanks and Berms: | | | | | |
| Contents | # | Capacity | Type | Tank ID | SE GPS |
| PRODUCED WATER | 3 | 300 BBLs | STEEL AST | | 38.965314,-108.233042 |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

| Berms | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|--|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |

| Venting: | | | | | |
|--------------------|----|--|--|-------|--|
| Yes/No | NO | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |

| Flaring: | | | | | |
|--------------------|--|--|--|-------|--|
| Type | | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |

Inspected Facilities

Facility ID: 294259 Type: WELL API Number: 077-09474 Status: TA Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Last MIT 10/30/2012.
Next MIT due by 10/30/2017.

Corrective Action: _____ Date: _____

Facility ID: 437442 Type: WELL API Number: 077-10217 Status: TA Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: MIT to maintain SI/TA status.
Pressured casing to 552 psi. Hold for 15 min. Final pressure 448 psi. -4 psi loss. OK
Test witnessed by COGCC using gauges on wellhead.

Corrective Action: _____ Date: _____