

**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:

06/16/2017

Submitted Date:

06/19/2017

Document Number:

680401667**FIELD INSPECTION FORM**Loc ID 311853 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10384Name of Operator: GENESIS GAS & OIL COLORADO LLCAddress: 1660 LINCOLN ST STE 2100City: DENVER State: CO Zip: 80246**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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Jensen, David	(816) 222-7500	djensen@genesisco.com	Exec. VP

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
286511	WELL	SI	12/04/2013	GW	103-10888	FLETCHER GULCH 3-31	SI
293056	WELL	SI	12/17/2012	DSPW	103-11095	FLETCHER GULCH 3-31WD	SI

General Comment:

Routine UIC Inspection.

Location

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

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
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?

Fencing/:			
Type	WELLHEAD		
Comment:	Hogwire & T-post		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Prime Mover	# 1		
Comment:	Pump inside housing		
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	4	400 BBLS	HEATED STEEL AST		40.083106,-108.609896

Comment:		
Corrective Action:		Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 286511 Type: WELL API Number: 103-10888 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____Comment: Rotary Pump

Corrective Action: _____ Date: _____

Facility ID: 293056 Type: WELL API Number: 103-11095 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: SEGOTC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 11/04/2013Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____Comment: Routine UIC Inspection. Well shut in.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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	Self Inspection	Pass	

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT