

**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:

07/03/2017

Submitted Date:

07/03/2017

Document Number:

679902703

**FIELD INSPECTION FORM**

Loc ID 324838 Inspector Name: Welsh, Brian 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: 83130  
Name of Operator: STRACHAN EXPLORATION INC  
Address: 383 INVERNESS PKWY, STE 360  
City: ENGLEWOOD State: CO Zip: 80112

**Findings:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Strachan, Steve	(303) 785-7006	sms@strachanexploration.com	
Quint, Craig		craig.quint@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
213034	WELL	IJ	05/05/1984	DSPW	061-06395	FRAZEE-BOLYARD 2-35-SWD	AC

**General Comment:**

[Routine UIC Inspection](#)

**Location**

**Lease Road:**

Type Access

comment: Trail through farm ground

Corrective ActionL

Date:

Overall Good:

**Signs/Marker:**

Type WELLHEAD

Comment: Install lease sign at wellhead

Corrective Action:

Date:

**Emergency Contact Number:**

Comment:

Corrective Action:

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

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

**Venting:**

Yes/No NO

Comment:

Corrective Action:

Date:

**Flaring:**

Type

Comment:

Corrective Action:

Date:

**Inspected Facilities**

Facility ID: 213034 Type: WELL API Number: 061-06395 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-17" HG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>LYNS</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>04/04/2013</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY. TBG IJ @ -17" HG

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: GRAVITY 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
Compaction	Pass	Other	Pass			

Comment: [Location and access are farmed over](#)

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT