

**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:

07/31/2017

Submitted Date:

07/31/2017

Document Number:

680302163**FIELD INSPECTION FORM**
 Loc ID 312156 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 95620Name of Operator: WESTERN OPERATING COMPANYAddress: 1165 DELAWARE STREET #200City: DENVER State: CO Zip: 80204**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
James, Steven	(303) 893-2438	steve@westernoperating.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
259455	WELL	IJ	10/15/2011	DSPW	075-05957	NELSON JARRETT 1	AC

General Comment:

UIC/MIT FIR performed. Last UIC/MIT 8/9/2012 SATISFACTORY Form 42 Doc#401343379 received Form 21 copy attached

Location

Lease Road:			
Type	Access		
comment:	Satisfactory		
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			

In Containment: No

Comment: _____

☐ Multiple Spills and Releases?

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

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 259455 Type: WELL API Number: 075-05957 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>JSND</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>08/09/2012</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: -1 Csg psi: 347 BH psi: _____Insp. Status: PassComment: Casing pressure before start = 0. Casing pressure @ start = 353. Casing pressure @ (5) min. = 353. Casing pressure @ (10) min. = 349. Casing pressure @ (15) min. = 347 holding. Loss or Gain = -6 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 stormwater BMP's for 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
680302164	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4212031