

**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:

07/28/2017

Submitted Date:

07/31/2017

Document Number:

680302167**FIELD INSPECTION FORM**
 Loc ID 312176 Inspector Name: SCHURE, KYM 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: 88370Name of Operator: TIMKA RESOURCES LTDAddress: 2116 EAST HIGHWAY 402City: LOVELAND State: CO Zip: 80537**Findings:**7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Pivonka, Todd		pivonka2010@gmail.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159064	UIC ENHANCED RECOVERY	AC	08/20/2001		-	LIBERTY J SAND UNIT	AC
219274	WELL	IJ	01/01/2009	ERIW	075-06123	LIBERTY 1-A	IJ

General Comment:

UIC/MIT (5) yr. FIR performed. SATISFACTORY Last UIC/MIT 8/14/2012 Form 42 Doc# 401353575 received. Form 21 copy attached.

Location

Lease Road:			
Type	Access		
comment:	Satisfactory		
Corrective Action:		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 Facilities

Facility ID: 159064 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 886

UIC Routine

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: 375 BH psi: _____

Insp. Status: Pass

Comment: Vacuum on tubing. Casing psi. before start = 0. Casing psi. @ start = 375. Casing psi. @ (5) min. = 375. Casing psi. @ (10) min. = 375. Casing psi. @ (15) min. = 375. Loss or Gain = 0. SATISFACTORY Form 21 copy attached to FIR.

Corrective Action: _____ Date: _____

Facility ID: 219274 Type: WELL API Number: 075-06123 Status: IJ Insp. Status: IJ

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 erosion BMP's for management and control.](#)

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
680302174	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4212714