

**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: _____

Status Summary:

- ☒ THIS IS A FOLLOW UP INSPECTION
☐ FOLLOW UP INSPECTION REQUIRED
☐ NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

OGCC Operator Number: 95620
 Name of Operator: WESTERN OPERATING COMPANY
 Address: 1165 DELAWARE STREET #200
 City: DENVER State: CO Zip: 80204

Findings:

7 Number of Comments
0 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:		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: 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 _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/09/2012

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: -1 Csg psi: 347 BH psi: _____

Insp. Status: Pass

Comment: 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
401359386	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4212032
680302164	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4212031