

**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:

680302166**FIELD INSPECTION FORM**Loc ID 312202 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
150240	UIC ENHANCED RECOVERY	AC	04/18/1988		-	NORTH MINTO J SAND UNIT	AC
219441	WELL	IJ	02/01/2017	ERIW	075-06348	NORTH MINTO J SAND UNIT 1	AC

General Comment:

UIC/MIT (5)yr. SATISFACTORY Last UIC/MIT 8/14/2012 Form 42 Doc# 401353591 received Form 21 copy attached to FIR.

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		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

Type: Other	# 0		corrective date
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: 150240 Type: UIC API Number: - Status: AC 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: _____
 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: 365 BH psi: _____

Insp. Status: Pass

Comment: Tubing on vacuum. Casing psi. before start = 0. Casing psi. @ start = 365. Casing psi. @ (5) min. = 365. Casing psi. @ (10) min. = 365. Casing psi. @ (15) min. = 365. Loss or Gain = 0. SATISFACTORY

Corrective Action: _____ Date: _____

Facility ID: 219441 Type: WELL API Number: 075-06348 Status: IJ Insp. Status: AC

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: 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
401360273	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4212716
680302175	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4212713