

**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:

08/14/2017

Submitted Date:

08/14/2017

Document Number:

679902840**FIELD INSPECTION FORM**

Loc ID 321853 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 61250Name of Operator: MULL DRILLING COMPANY INCAddress: 1700 N WATERFRONT PKWY B#1200City: WICHITA State: KS Zip: 67206-**Status Summary:**

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

**Findings:**6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Smalley, Carl	719-767-8805	csmalley@mulldrilling.com	
Quint, Craig		craig.quint@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208227	WELL	SI	12/15/2006	ERIW	017-07162	NWAU 23 WIW	SI

**General Comment:**[Routine UIC Inspection](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Partially elevated gravel road through farm ground		
Corrective ActionL		Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign by cathodic rectifier		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:  Date:

Overall Good: ☒

<b>Spills:</b>					
Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	OTHER		
Comment:	Metal cage around cathodic rectifier		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Metal panels around wellhead		
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**Facility ID: 208227 Type: WELL API Number: 017-07162 Status: SI Insp. Status: SI**Underground Injection Control**

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

UIC RoutineInj./Tube: Pressure or inches of Hg 125 PSIG Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

(e.g. 30 psig or -30" Hg)

Inj Zone: MRRWTC: Pressure or inches of Hg 0 PSIG Previous Test Pressure \_\_\_\_\_ Last MIT: 07/08/2013Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: NOComment: CASING HAD A LIGHT BLOW WITH FLUID TO SURFACE. TBG @ 125 PSIG

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

Method of Injection: GRAVITY FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

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