

Location

Overall Good:

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	glycol		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Sign for current operator installed. Prior operator wellhead sign still present.		
Corrective Action:	Comply with rule 210.e.	Date:	09/05/2017
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	Emergency contact number on sign		
Corrective Action:		Date:	_____

Good Housekeeping:			
Type	UNUSED EQUIPMENT		
Comment:	Unused tanks removed		
Corrective Action:		Date:	

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type			
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Ancillary equipment	# 4		
Comment:	Frac tanks		
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		
Comment:	pumps- 2 glycol		
Corrective Action:		Date:	

Type: Prime Mover	# 3	
Comment:	injection pumps	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	1000 BBLs	FIBERGLASS AST		40.808970,-103.831830
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	Shared with produced water			
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	OTHER	FIBERGLASS AST		40.808970,-103.831830
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	750bbl
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	Shared with produced water			
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	400 BBLs	STEEL AST		40.808970,-103.831830
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	

Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment: Shared with produced water					
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	20	OTHER	FIBERGLASS AST		40.808970,-103.831830
Comment:					
Corrective Action:				Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 750bbl					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment:					
Corrective Action:				Date:	
Venting:					
Yes/No	NO				
Comment:					
Corrective Action:				Date:	
Flaring:					
Type					
Comment:					
Corrective Action:				Date:	

Inspected Facilities

Facility ID: 159961 Type: UIC Disposal API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1379 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHead

Comment: Bradenhead plumbed to surface.

Corrective Action: _____ Date: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
684904466	Site photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4260359