

**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:

09/26/2017

Submitted Date:

09/27/2017

Document Number:

689400342

FIELD INSPECTION FORM

Loc ID 312606 Inspector Name: CONKLIN, CURTIS 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: 53255
Name of Operator: MARALEX RESOURCES, INC
Address: P O BOX 338
City: IGNACIO State: CO Zip: 81137

Findings:

- 8 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Hartman, Robert	(970) 244-3041	bhartman@blm.gov	Petroleum Engineer
O'Hare, Mickey	(970) 563-4000/ (719) 429-3529	amohare@maralexinc.com	All Inspections
Engineering		dnr_cogccengineering@state.co.us	All Engineering
Reed, Jordan	(970) 563-4000	maralextechjr@gmail.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
222008	WELL	PR	10/01/1998	GW	077-08610	SOUTH SHALE RIDGE 9-17	TA

General Comment:

This well is included in the Administrative Order of Consent No. 1V-609. Form 42 Doc#401411309 was received. Form 6 Doc#401371051 on file.

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type: STORAGE OF SUPL

Comment: Production equipment and tank have been disconnected and moved to side of location.

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type	#	corrective date
Vertical Separator	# 0	
Comment: <input type="text"/>		
Corrective Action: <input type="text"/>		Date: _____
Pump Jack	# 0	
Comment: <input type="text"/>		
Corrective Action: <input type="text"/>		Date: _____
Gas Meter Run	# 0	
Comment: <input type="text"/>		
Corrective Action: <input type="text"/>		Date: _____

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	0				
Comment: <input type="text"/>					
Corrective Action: <input type="text"/>					Date: _____

Paint

Condition:

Other (Content)

Other (Capacity)

Other (Type)

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment: <input type="text"/>				

Corrective Action:		Date:	
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Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 222008 Type: WELL API Number: 077-08610 Status: PR Insp. Status: TA

Cement

Cement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment:

Corrective Action:

Date: _____

Workover

Comment:

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
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT