

**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:

12/20/2017

Submitted Date:

12/29/2017

Document Number:

671000815

FIELD INSPECTION FORM

Loc ID 415957 Inspector Name: DURAN, JOHN 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: 10417
Name of Operator: INCREMENTAL OIL & GAS (FLORENCE) LLC
Address: 600 17TH ST SUITE 2625 SOUTH
City: DENVER State: CO Zip: 80202

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
Goss, Aaron	303-233-2232/303-495-0327	AGoss@austinexploration.com	All Inspections
Harkins, Liz	303-233-2232/719-429-4513	Lharkins@austinexploration.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
415932	WELL	PR	06/16/2010	OW	043-06183	LIBERTY 32-32	PR

General Comment:

Location

Overall Good:

Signs/Marker:

Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Also at front gate.		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:

Type	Area	Volume		
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In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	LOCATION		
Comment:			
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	

Equipment:

Type: Deadman # & Marked	# 3		corrective date
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Propane tank		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		,
Comment:	Tanks have crude oil code : 1267				

Corrective Action:	Date:
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Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:					Date:

Venting:

Yes/No			
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 415932 Type: WELL API Number: 043-06183 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT