

**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:

04/23/2018

Submitted Date:

04/24/2018

Document Number:

685100476**FIELD INSPECTION FORM**Loc ID 316738 Inspector Name: NEIDEL, KRIS On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10397Name of Operator: CWC OIL AND GAS LLCAddress: 607 RAILROAD AVENUECity: GILCREST State: CO Zip: 80623**Status Summary:**

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

Findings:3 Number of Comments2 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Davis, Margaret	325-692-3731	m51davis@suddenlink.net	
, beau		beau@chemweed.com	
wilson		dontamwilson@aol.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
232474	WELL	PR	09/26/2006	OW	107-05040	STATE 42-36	EI

General Comment:

On 4/23/2018 COGCC Environmental Staff, Kris Neidel inspected the State #42-36. Weather was sunny and 55 deg, ground was damp from rain and snowmelt. Upon arrival a crew told staff they were leaving the location to get supplies for cleaning up a recent spill. It appeared that oil was released from the wellhead and free fluid was in the process of being removed by absorbent pads. Trash was stored in bags and was adjacent to the well. Within 72 hours of receipt of this inspection report, a eForm 19, Spill/Release report should be filed with COGCC. Prior to producing well, the operator should insure that repairs have been made to prevent a similar spill. Photos are attached. Corrective Action date for emergency contact number is from previous inspection.

LocationOverall Good: ☐

Emergency Contact Number:

Comment: Corrective Action: Date: Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	232474	Type:	WELL	API Number:	107-05040	Status:	PR	Insp. Status:	EI

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Environmental**Spills/Releases:**

Type of Spill: OIL

Estimated Spill Volume: _____

Comment: It appeared that oil was released from the wellhead

Corrective Action: Within 72 hours of receipt of this inspection report, a eForm 19, Spill/Release report should be filed with COGCC.

Date: 04/27/2018

Reportable: YES

GPS: Lat _____

Long _____

Proximity to Surface Water: 1400

Depth to Ground Water: _____

Water Well Complaint:

Lat

Long

DWR Receipt Num: _____

Owner Name: _____

GPS : _____

Field Parameters:

Sample Location: _____

Comment: _____