

**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:

05/29/2018

Submitted Date:

05/31/2018

Document Number:

685304797**FIELD INSPECTION FORM**Loc ID 325237 Inspector Name: St John, William (Cal) On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 31257Name of Operator: FRITZLER RESOURCES INCAddress: P O BOX 114City: FORT MORGAN State: CO Zip: 80701**Status Summary:**

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

Findings:8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Fritzler, Gene	(970) 867-9388	gfritzler@bresnan.net	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
214374	WELL	SI	07/01/2017	GW	067-05786	UTE B 1	SI

General Comment:[Inspection completed as COGCC witness to plugging operation.](#)[This inspection does not alleviate requirement to complete any open corrective actions from previous inspections.](#)[See link at end of report for path to downloadable pictures.](#)

Location**Lease Road:**

Type	Access		
comment:	Dirt and gravel access road.		
Corrective Action	L	Date:	

Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	Framed metal sign at location.		
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?**Equipment:**

Type: Ancillary equipment	# 1		corrective date
Comment:	Wellhead.		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 214374 Type: WELL API Number: 067-05786 Status: SI Insp. Status: SI**Cement**Cement ContractorContractor Name: A Plus well Service

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:

A Plus Rig #10 on wellhead. BOP installed. Fire extinguishers out and available. COGCC witness tag on procedure Plug #3. Tripped in tubing and tagged top of plug @ 2415'. Pulled 6 joints and added 8' sub. Pumped 35 sax of cement. WOC. COGCC witness tag on procedure Plug #4. Tripped in tubing and tagged top of plug @ 2085'.

Crew will proceed with trippng out tubing for preparation of wire line perforating well for surface plug.

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			
		Gravel	Pass			

Comment: [Stormwater BMPs appear to be functioning at time of inspection.](#)

Corrective Action:

Date: _____

Pits: ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
685304845	Wellhead sign.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4481088