

**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: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 31257
Name of Operator: FRITZLER RESOURCES INC
Address: P O BOX 114
City: FORT MORGAN State: CO Zip: 80701

Findings:

- 8 Number of Comments
- 0 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 ActionL			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Framed metal sign at location.		
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	Operator contact information posted on wellhead sign.		
Corrective Action:			Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

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

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 214374 Type: WELL API Number: 067-05786 Status: SI Insp. Status: SI

Cement

Cement Contractor

Contractor 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