

**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:

06/21/2018

Submitted Date:

06/24/2018

Document Number:

688302091**FIELD INSPECTION FORM**

Loc ID      Inspector Name:      On-Site Inspection ☐  
 309589      Sherman, Susan      2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 61250Name of Operator: MULL DRILLING COMPANY INCAddress: 1700 N WATERFRONT PKWY B#1200City: WICHITA      State: KS      Zip: 67206-**Status Summary:**

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

**Findings:**9 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Smalley, Carl	(719) 767-8805	csmalley@mulldrilling.com	
Stutz, Bill	(719) 767-8805	wstutz@mulldrilg.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
218025	WELL	SI	03/10/2014	DSPW	073-06010	MAUER 1-SWD	SI

**General Comment:**[Routine UIC](#)

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	empty		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 719-767-8805

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☐

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	TANK BATTERY		
Comment:	steel panels		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 3		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	500 BBLS	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

**Paint**

Condition

Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	same berms as 500 BBL produced water tank.			
Corrective Action:				Date:

**Venting:**

Yes/No		
Comment:		
Corrective Action:		Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

### Location Construction

Location ID: 218025 CDP: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

#### Form 2A COAs:

**Comment:** No COAs.

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

#### Wildlife BMPs:

**Comment:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

**Comment:** \_\_\_\_\_

**Corrective Action:** \_\_\_\_\_

Date: \_\_\_\_\_

#### On Site Inspection (305):

##### Surface Owner Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

##### Operator Rep. Contact Information:

Landman Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Onsite Request Received: \_\_\_\_\_

Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

##### LGD Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agreed to Attend: \_\_\_\_\_

##### Summary of Landowner Issues:

\_\_\_\_\_

##### Summary of Operator Response to Landowner Issues:

\_\_\_\_\_

##### Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

\_\_\_\_\_

**Inspected Facilities**Facility ID: 218025 Type: WELL API Number: 073-06010 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: CDHL

TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 06/25/2014

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Casing had slight blow that died immediately.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_Comment: SI since Jan 2014.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**BradenHead**Comment: Bradenhead not plumbed to surface. To be plumbed to surface for next inspection.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
688302111	Mull Mauer 1-SWD	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4503409">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4503409</a>