

**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:

07/17/2018

Submitted Date:

07/18/2018

Document Number:

680303569

**FIELD INSPECTION FORM**

Loc ID 313646 Inspector Name: SCHURE, KYM 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: 95620  
Name of Operator: WESTERN OPERATING COMPANY  
Address: 1165 DELAWARE STREET #200  
City: DENVER State: CO Zip: 80204

**Findings:**

8 Number of Comments  
1 Number of Corrective Actions

Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
James, Steven	(303) 893-2438	steve@westernoperating.com	
Burn, Diana		diana.burn@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
Quint, Craig		craig.quint@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224693	WELL	IJ	10/15/2011	ERIW	087-05077	SAND RIVER 16	UN

**General Comment:**

UIC/MIT - FAILED - Last UIC/MIT (5yr.) 07/19/2013 - Doc#200383206 - Repair and pass MIT or Plug well within (6) months from date of this FIR. Well is required to remain SI until approved MIT is attained or well is P&A.  
Form 42 Doc# 401699252 received  
Form 21 - No Form 21 submitted for failed test.  
Contact: COGCC UIC Manager (Bob Koehler) for directives.

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Satisfactory		
Corrective ActionL		Date:	

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

<b>Emergency Contact Number:</b>			
Comment:	Satisfactory		
Corrective Action:		Date:	_____

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Equipment:</b>				corrective date
Type: Other	# 0			
Comment:	No change in equipment inventoried			
Corrective Action:		Date:		

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 224693 Type: WELL API Number: 087-05077 Status: IJ Insp. Status: UN

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>DSND</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/19/2013</u>
			AnnMTReq: _____

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

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

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

Test Type: 5 Year Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: Fail Leak Type: Casing

Comment: Well did not hold pressure. Contact COGCC UIC Group: (Bob Koehler) for directives.

Corrective Action: Well must remain Shut In until capable if passing MIT. Repair and pass MIT "or" Plug well, withing (6) months of this FIR date. Date: 01/17/2019

**Reclamation - Storm Water - Pit**

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	In Process	Other	In Process			

Comment: [Use BMP's for stormwater erosion management](#)

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT

**COGCC Comments**

Comment	User	Date
<a href="#">IJ UIC/MIT test failed. Contact COGCC UIC : Bob Koehler for directives</a>	schureky	07/17/2018