

**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:

07/19/2018

Submitted Date:

07/19/2018

Document Number:

680303594**FIELD INSPECTION FORM**Loc ID 312305 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: 10487Name of Operator: SPRINGDALE PARTNERS LLCAddress: 3409 MONTECLAIRE DRCity: SHERMAN State: TX Zip: 75092**Findings:**6 Number of Comments3 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
Stokes, Richard	903-815-4884	Richard.Stokes72@ymail.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
221148	WELL	SI	10/29/2007	DSPW	075-09274	SPRINGDALE 8	SI

General Comment:

UIC 2018 - Well was required to pass a Mechanical Integrity Test (MIT) by 04/30/2017 referenced Doc#680001777. Well file shows no Form 21 submitted or pending.

Note to Operator: Contact COGCC UIC Group (Bob Koehler) for directives.

Location**Lease Road:**

Type	Access		
comment:	Two track		
Corrective ActionL		Date:	

Overall Good: ☐**Emergency Contact Number:**

Comment:	Invalid Emergency contact signage/no.	Date:	08/09/2018
Corrective Action:	Install valid signage to comply with Rule 210.b Date of CA referenced to Doc#680001777.		

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 221148 Type: WELL API Number: 075-09274 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/12/2014

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: Well is required to pass and MIT by 04/30/2017. Well file shows no Form 21 submitted or pending.Corrective Action: Contact COGCC UIC Group (Bob Koehler) for directives. CA date referenced to due date of UIC/MIT. Date: 04/30/2017**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____Comment: UIC/MIT past due - 04/30/2017.Corrective Action: Contact COGCC UIC Group (Bob Koehler) for directives. CA Date referenced Doc#680001777 Date: 04/30/2017**COGCC Comments**

Comment	User	Date
<u>UIC 2018 - WELL IS REQUIRED TO PASS AN MIT BEFORE 04/30/2017. WELL FILE SHOWS NO FORM 21 SUBMITTED OR PENDING.</u>	<u>schureky</u>	<u>07/19/2018</u>