

**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:

08/06/2018

Submitted Date:

08/10/2018

Document Number:

680303728

FIELD INSPECTION FORM

Loc ID 435430 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: 10440
Name of Operator: AURORA POWER RESOURCES INC
Address: 4645 SWEETWATER BLVD STE 200
City: SUGAR LAND State: TX Zip: 77479

Findings:

- 7 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

| Contact Name | Phone | Email | Comment |
|------------------|-------|-------------------------|---------|
| Jones, Edward J. | | jejones@aurorapower.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 435431 | WELL | TA | 05/01/2018 | OW | 087-08177 | Ehrlich 1A | TA |

General Comment:

[Bradenhead FIR - Preparing for P&A](#)

Location

| | | | |
|--------------------|--------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Satisfactory | | |
| Corrective ActionL | | Date: | |

Overall Good:

| | | | |
|----------------------|--------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Satisfactory | | |
| Corrective Action: | | Date: | |

| | | | |
|----------------------------------|--------------|-------|-------|
| Emergency Contact Number: | | | |
| Comment: | Satisfactory | | |
| Corrective Action: | | Date: | _____ |

Overall Good:

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

Multiple Spills and Releases?

| | | | |
|--------------------|---|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Other | # 0 | | |
| Comment: | Production equipment will be removed upon completion of P&A | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|--|-------|--|
| Venting: | | | |
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|--|-------|--|
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 435431 Type: WELL API Number: 087-08177 Status: TA Insp. Status: TA

Cement

Cement Contractor

Contractor Name: Bohler Well Service

Contractor Phone: 970-522-3078

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: Bradenhead Test performed - preparing for P&A

Corrective Action:

Date:

BradenHead

Comment: Preparing for P&A - Bradenhead FIR - Tubing psi.= 0 Prod. Casing psi. = 210 Surface Casing psi. = 220 Operator rep. is in contact with COGCC Engineering for directives - gas sample being taken.

Corrective Action:

Date: