

**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:

10/03/2018

Submitted Date:

10/03/2018

Document Number:

680403874**FIELD INSPECTION FORM**Loc ID 312435 Inspector Name: BROWNING, CHUCK 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: 10539Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORPAddress: 1125 ESCALANTE DRCity: RANGELY State: CO Zip: 81648**Findings:**6 Number of Comments1 Number of Corrective Actions

- ☒
- Corrective Action Response Requested

Contact Information:

| Contact Name | Phone | Email | Comment |
|------------------|--------------|-----------------------------|-----------------|
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Bleil, Rob | 970-290-2912 | rbleil@utahgascorp.com | All Inspections |
| Labowskie, Steve | | steve.labowskie@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|
| 221596 | WELL | SI | 06/01/2018 | OW | 077-08198 | GOVERNMENT 31-1 | SI |

General Comment:

Location

| | | | |
|--------------------|--------|-------|--|
| Lease Road: | | | |
| Type | Main | | |
| comment: | | | |
| Corrective Action | | Date: | |
| Type | Access | | |
| comment: | | | |
| Corrective Action | | Date: | |

Overall Good: ☒

| | | | |
|----------------------|----------------------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Sign at location entrance. | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

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

Overall Good: ☒

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

In Containment: No

Comment: ☐ Multiple Spills and Releases?

| | | | |
|--------------------|----------------------------|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Pipe fence around wellhead | | |
| Corrective Action: | | Date: | |

| | | | |
|-----------------------------------|---|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Horizontal Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Flow Line | # 1 | | |
| Comment: | 4" open riser on SE corner of location. | | |
| Corrective Action: | Comply with Rule 603.f . | Date: | 11/07/2018 |

Tanks and Berms:

| | | | | | | |
|--------------------|---|----------|-----------|---------|-----------------------|--|
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| CONDENSATE | 1 | 400 BBLs | STEEL AST | | 39.312908,-108.921758 | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |

Paint

| | | |
|------------------|----------|--|
| Condition | Adequate | |
| Other (Content) | | |
| Other (Capacity) | | |
| Other (Type) | | |

Berms

| | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|-------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Venting:

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

Flaring:

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

| Inspected Facilities | | | | | | | | | |
|--|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 221596 | Type: | WELL | API Number: | 077-08198 | Status: | SI | Insp. Status: | SI |
| Idle Well | | | | | | | | | |
| Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____ | | | | | | | | | |
| Comment: Well shut in 10/2017. No MIT on record. MIT due by 10/2019. | | | | | | | | | |
| 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 | Self Inspection | Pass | |

Comment: 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 |
|--------------|-----------------------------|---|
| 401783512 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4597490 |
| 680403879 | Inspection photos 10/3/2018 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4597486 |