

**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:

10/30/2018

Submitted Date:

10/31/2018

Document Number:

688302839**FIELD INSPECTION FORM**

Loc ID Inspector Name: On-Site Inspection ☐
 317342 Sherman, Susan 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10592Name of Operator: EXCELL OPERATING LLCAddress: 36629 US HIGHWAY 385City: WRAY State: CO Zip: 80758**Status Summary:**

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

Findings:8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE**

Contact Information:

Contact Name	Phone	Email	Comment
Weaver, Andy	(970) 630-3930	aweaver@excell-llc.com	Designated Agent
Bradley, Sam	970-593-8626	sbradley.impetro@gmail.com	Principal Agent

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
258634	WELL	IJ	12/05/2003	DSPW	121-10634	CHRISTIANSON 32-12	SI

General Comment:

UIC MIT PASSED. New operator Form 10 is in process.

LocationOverall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	Impetro sign		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	970-593-8626	
Corrective Action:		Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	cattle wire panels		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 258634 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: 258634 Type: WELL API Number: 121-10634 Status: IJ 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: 11/15/2013
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: Pass

Comment: [See attached Form 21.](#)

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
688302850	Excell/Impetro Christianson 32-12 Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4627769
688302851	Excell/Impetro Christianson 32-12	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4627770