

**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:

11/08/2018

Submitted Date:

11/09/2018

Document Number:

679701682**FIELD INSPECTION FORM**

Loc ID 315144 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num:                     

**Operator Information:**OGCC Operator Number: 10539Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORPAddress: 1125 ESCALANTE DRCity: RANGELY State: CO Zip: 81648**Status Summary:**

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

**Findings:**8 Number of Comments1 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
Plummer, Ronnie		rplummer@utahgascorp.com	Production manager, all inspections
Bleil, Robert	720-425-0303	inspections@utahgascorp.com	All inspections
Kellerby, Shaun	970-712-1248	shaun.kellerby@state.co.us	
Thompson, Bud		BLThomps@BLM.gov	
Knight, Russ		rknight@utahgascorp.com	President, all inspections
Waldron, Emily		emily.waldron@state.co.us	
Hale, Steve		shale@utahgascorp.com	Environmental Manager, all inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
230326	WELL	SI	05/01/2017	OW	103-07986	FOUNDATION CREEK B 7403	SI

**General Comment:**

Follow up inspection to document 675102540 for corrective actions were resolved. Routine well inspection also done.

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 970-693-6021

Corrective Action:

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

Overall Good: ☒

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

In Containment: No

Comment:

☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:			
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 3		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Separator	# 1		

Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLs	Open Top		39.660900,-108.825700
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)	30 bbl	
Other (Type)		

**Berms**

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLs	STEEL AST		39.660700,-108.825900
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

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

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	2	400 BBLs	STEEL AST		39.660700,-108.825900
Comment:					

Corrective Action:				Date:	
<b>Paint</b>					
Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Inadequate	Walls Sufficient	Base Sufficient	Inadequate	
Comment: Inadequate berms around tank(s) Section of metal wall is bent. See attached photos					
Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).				Date: 12/10/2018	
<b>Venting:</b>					
Yes/No	NO				
Comment:					
Corrective Action:					Date:
<b>Flaring:</b>					
Type					
Comment:					
Corrective Action:					Date:

**Inspected Facilities**Facility ID: 230326 Type: WELL API Number: 103-07986 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: \_\_\_\_\_

Comment: Last MIT 9-23-2017.

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

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
679701683	inspection photo	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4641749">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4641749</a>