

**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:

11/06/2018

Submitted Date:

11/08/2018

Document Number:

689801898

FIELD INSPECTION FORM

Loc ID 312812 Inspector Name: Waldron, Emily 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: 95960
Name of Operator: WEXPRO COMPANY
Address: P O BOX 45003
City: SALT LAKE CITY State: UT Zip: 84145-

Findings:

- 6 Number of Comments
- 1 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
Fredrickson, Tammy	307-352-7566	Tammy.Fredrickson@questar.com	
Neidel, Kris		kris.neidel@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
222492	WELL	SI	05/01/2018	GW	081-05503	ALLEN, C. "B" 4	SI

General Comment:

[Routine FIU inspection.](#)
[Edited on 11/13/2018, CA date for form 15 for pit changed to 11/21/2018. - Conor Pesicka](#)

Location

Overall Good:

Signs/Marker:			
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	1-800-341-3129		
Corrective Action:		Date:	_____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

Multiple Spills and Releases?

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heater Treater	# 1		
Comment:	40.96856, -108.30518		
Corrective Action:		Date:	
Type: Bird Protectors	#		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
METHANOL	1	100 BBLS	STEEL AST		40.968480,-108.304840
Comment:					
Corrective Action:					Date:

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

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate			Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	400 BBLs	HEATED STEEL AST		40.968730,-108.304930
Comment:					
Corrective Action:					Date:

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

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate			Adequate
Comment:				
Corrective Action:				Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:	
Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 222492 Type: WELL API Number: 081-05503 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment:

Corrective Action: Date: _____

