

**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:

01/10/2019

Submitted Date:

01/14/2019

Document Number:

680304521**FIELD INSPECTION FORM**Loc ID 313646 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 95620Name of Operator: WESTERN OPERATING COMPANYAddress: 1165 DELAWARE STREET #200City: DENVER State: CO Zip: 80204**Status Summary:**

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

**Findings:**7 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
James, Steven	(303) 893-2438	steve@westernoperating.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224693	WELL	IJ	10/15/2011	ERIW	087-05077	SAND RIVER 16	PA

**General Comment:****P&A COMPLETED SATISFACTORY**

Contractor on -site late afternoon to cut/cap well, beginning excavation for process. Flow-lines remain in place at time of FIR. FI Schure requested that the contractor photograph cut/cap w/logistic info. prior to backfill and submit to Operator. Operator rep. confirmed receiving pictures of cut/cap.

Note to Operator: Follow-up with flow-line abandonment and documentation.

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Two track - grassland - continue BMP's and maintenance on lease road until final reclamation is approved.		
Corrective Action	L	Date:	

Overall Good: ☐

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Satisfactory

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Overall Good: ☐

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

In Containment: No

Comment: \_\_\_\_\_

☐ Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Other	# 0		
Comment:	No production equipment at well-site. Begin reclamation of location. Contact COGCC Reclamation Group for directives/FIR.		
Corrective Action:		Date:	

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

