

**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:

01/31/2019

Submitted Date:

01/31/2019

Document Number:

679702840**FIELD INSPECTION FORM**

Loc ID 335813 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:**7 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
Kellerby, Shaun	970-712-1248	shaun.kellerby@state.co.us	
, Utah Gas Corp	720-425-0303	inspections@utahgascorp.com	All inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
257849	WELL	PR	02/01/2017	GW	103-10040	HELLS HOLE 9132	PR
268662	WELL	PR	04/09/2004	OW	103-10351	HELLS HOLE 9149	PR

**General Comment:**

routine well inspection

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Sign or label not posted or information inaccurate on tanks or containers Black barrel at pump jack without label.		
Corrective Action:	Install sign to comply with Rule 210.d.	Date:	04/08/2019
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
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: _____				
<input type="checkbox"/> Multiple Spills and Releases?				

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Deadman # & Marked	# 6		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	One container of unknown fluid. Two unused containers within tank battery secondary containment.		
Corrective Action:		Date:	

Type: Emission Control Device	# 1		
Comment:			
Corrective Action:			Date:
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 2		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 2		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 7		
Comment:			
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	400 BBLs	STEEL AST		39.884480,-109.015640	
Comment:						
Corrective Action:						Date:

**Paint**

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

**Berms**

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

Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	2	400 BBLs	STEEL AST		39.884480,-109.015640	
Comment:						
Corrective Action:						Date:

**Paint**

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

**Berms**

Inspector Name: Moran, Rick

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

Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	2	400 BBLs	STEEL AST		39.884560,-109.016250	
Comment:						
Corrective Action:						Date:

**Paint**

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

**Berms**

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

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date:

**Flaring:**

Type			
Comment:			
Corrective Action:			Date:

**Inspected Facilities**Facility ID: 257849 Type: WELL API Number: 103-10040 Status: PR Insp. Status: PR**Producing Well**Comment: producing well on plunger lift

Corrective Action:

Date:

Facility ID: 268662 Type: WELL API Number: 103-10351 Status: PR Insp. Status: PR**Producing Well**Comment: Pump jack producing at time of inspection

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		Compaction				

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
679702841	inspection photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4721720">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4721720</a>