

**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:

679702844**FIELD INSPECTION FORM**

Loc ID 335833 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 |
|-----------------|--------------|-----------------------------|---------------------------------|
| , Utah Gas Corp | 720-425-0303 | inspections@utahgascorp.com | All inspections |
| Kellerby, Shaun | 970-712-1248 | shaun.kellerby@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|
| 258203 | WELL | PR | 05/03/2003 | GW | 103-10057 | HELLS HOLE 9133 | PR |
| 268661 | WELL | PR | 04/20/2004 | OW | 103-10348 | HELLS HOLE 9147 | PR |

General Comment:[routine well inspection](#)

LocationOverall Good: ☒

| | | | |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------|-------|------------|
| Signs/Marker: | | | |
| 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 contents 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: ☒

| | | | |
|--------------------------------------------------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No _____ | | | |
| Comment: _____ | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |

| | | | |
|--------------------|-----------|-------|--|
| Fencing/: | | | |
| Type | PUMP JACK | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|-------------------------------|-----|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Plunger Lift | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 6 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Emission Control Device | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | |
|-----------------------------------|-------------------------------------------------------------|-------|
| Type: Horizontal Heated Separator | # 2 | |
| Comment: | | |
| Corrective Action: | | Date: |
| Type: Ancillary equipment | # 2 | |
| Comment: | One container of RCS-09049 and 1 container of unkown fluid. | |
| Corrective Action: | | Date: |
| Type: Pump Jack | # 1 | |
| 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 |
| CONDENSATE | 2 | 400 BBLs | STEEL AST | | 39.883990,-109.024270 |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | |
|------------------|----------|
| Condition | Adequate |
| Other (Content) | |
| Other (Capacity) | |
| 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 |
| CONDENSATE | 3 | 400 BBLs | STEEL AST | | 39.884000,-109.023900 |
| Comment: | | | | | |
| Corrective Action: | | | | | |

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: | |

Venting:

| | | | |
|--------------------|----|-------|--|
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

| Inspected Facilities | | | |
|----------------------------------------------------------------------------------|-------------------------------------------|-----------------------|-----------------------------|
| Facility ID: 258203 | Type: WELL | API Number: 103-10057 | Status: PR Insp. Status: PR |
| Producing Well | | | |
| Comment: | producing well on plunger lift | | |
| Corrective Action: | | Date: | |
| Facility ID: 268661 Type: WELL API Number: 103-10348 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 |
|--------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 679702845 | inspection photos | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4721722 |