

**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:

04/24/2019

Submitted Date:

04/26/2019

Document Number:

688304472**FIELD INSPECTION FORM**Loc ID 317018 Inspector Name: Sherman, Susan 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:**6 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, Steve	(303) 893-2438	steve@westernoperating.com	President
Quint, Craig		craig.quint@state.co.us	
Crumley, Tim	(970) 768-5659	tcrumley@comcast.net	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
234514	WELL	TA	01/01/1999	ERIW	121-06639	BOBCAT D-SAND UNIT 4	TA

**General Comment:**

UIC MIT, passed

**Location**Overall Good: ☒

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

Emergency Contact Number:

Comment: 303-893-2438

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: Bradenhead	# 1			
Comment:				
Corrective Action:			Date:	
Type: Deadman # & Marked	# 4			
Comment:				
Corrective Action:			Date:	

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

### Location Construction

Location ID: 234514 CDP: \_\_\_\_\_

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

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

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

#### Form 2A COAs:

**Comment:** No COAs.

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

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

#### Wildlife BMPs:

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

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

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

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

**Corrective Action:** \_\_\_\_\_

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

#### On Site Inspection (305):

##### Surface Owner Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

##### Operator Rep. Contact Information:

Landman Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Onsite Request Received: \_\_\_\_\_

Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

##### LGD Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agreed to Attend: \_\_\_\_\_

##### Summary of Landowner Issues:

\_\_\_\_\_

##### Summary of Operator Response to Landowner Issues:

\_\_\_\_\_

##### Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

\_\_\_\_\_

**Inspected Facilities**Facility ID: 234514 Type: WELL API Number: 121-06639 Status: TA Insp. Status: TA**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: DSND

TC: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ Last MIT: 04/29/2014

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

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

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

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: NA Csg psi: 0 BH psi: 0Insp. Status: Pass

Comment: [Kloberdanz Wellservice truck](#)  
[Casing 0 psi before and after test. <1 bbl to load hole.](#)  
[0 min 382 psi](#)  
[5 min 382 psi](#)  
[10 min 380 psi](#)  
[15 min 379 psi](#)  
[Form 21 is attached.](#)

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

**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: \_\_\_\_\_Comment: [Operator to submit Form 4 for continued TA status.](#)

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

**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/webblink/>) and search by document number:

Document Num	Description	URL
688304546	Western Operating Bobcat D-Sand Unit 4 well sign	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807293">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807293</a>
688304547	Western Operating Bobcat D-Sand Unit 4 well	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807294">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807294</a>
688304548	Western Operating Bobcat D-Sand Unit 4 gauge	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807295">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807295</a>
688304551	Western Operating Bobcat D-Sand Unit 4 Form 21	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807296">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807296</a>