

**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:

688304474

**FIELD INSPECTION FORM**

Loc ID 317027 Inspector Name: Sherman, Susan 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: 95620  
Name of Operator: WESTERN OPERATING COMPANY  
Address: 1165 DELAWARE STREET #200  
City: DENVER State: CO Zip: 80204

**Findings:**

- 9 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
Koehler, Bob		bob.koehler@state.co.us	COGCC Engineering
Crumley, Tim	(970) 768-5659	tcrumley@comcast.net	
James, Steve	(303) 893-2438	steve@westernoperating.com	President
Quint, Craig		craig.quint@state.co.us	COGCC FIU Supervisor

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
234612	WELL	IJ	10/15/2011	DSPW	121-06739	FORBES 2	AC

**General Comment:**

UIC MIT, failed

**Location**

Overall Good:

**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	303-893-2438	Date:	
Corrective Action:			

Overall Good:

**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

Type	WELLHEAD		
Comment:	cattle wire panels		
Corrective Action:		Date:	

**Equipment:**

Type: Ancillary equipment	# 1		corrective date
Comment:	shed		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		,
Comment:					
Corrective Action:				Date:	

**Paint**

Condition	<input type="text"/>
Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Comment:			Date:	
Corrective Action:			Date:	

**Venting:**

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

**Flaring:**

Type				
Comment:			Date:	
Corrective Action:			Date:	

**Location Construction**

Location ID: 234612      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: 234612 Type: WELL API Number: 121-06739 Status: IJ Insp. Status: AC

**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: JSND

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: 412 Csg psi: 0 BH psi: 0

Insp. Status: Fail Leak Type: \_\_\_\_\_

Comment: [Kloberdanz Wellservice truck](#)  
 Casing 0 psi before and after test.  
 0 min 260 psi  
 5 min 0 psi  
 Well would not pressure up above 300 psi and lost pressure immediately, possibly packer failed. Pumper shut in IJ well right away. Pumping well water will go to pit. Rig is in the area and will get to well ASAP.  
 Form 21 is attached.

Corrective Action: [Contact dnr\\_cogccengineering@state.co.us with resolution plan.](mailto:dnr_cogccengineering@state.co.us) Date: 05/10/2019

**Attached Documents**

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

Document Num	Description	URL
402022583	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807318">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807318</a>
688304556	Western Operating Forbes 2 well sign	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807299">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807299</a>
688304557	Western Operating Forbes 2 well	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807300">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807300</a>
688304558	Western Operating Forbes 2 well	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807301">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807301</a>
688304559	Western Operating Forbes 2 Form 21	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807302">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4807302</a>