

**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:

06/19/2019

Submitted Date:

06/19/2019

Document Number:

687904923

**FIELD INSPECTION FORM**

Loc ID 320886 Inspector Name: Stewart, Joseph 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: 69805  
Name of Operator: PETROX RESOURCES INC  
Address: 12600 W COLFAX AVENUE #C-440  
City: LAKEWOOD State: CO Zip: 80215

**Findings:**

- 12 Number of Comments
- 2 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
Clark, Mike	(970)878-5594	mike.petroxcbm@gmail.com	Owner
Nystrom, Dusty	(505) 330-1328/ (719) 529-0682	nystrw@yahoo.com	Field Representative
Labowskie, Steve		steve.labowskie@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
277656	WELL	PR	06/30/2015	GW	007-06213	FOSSET GULCH UNIT 9U 2	PR

**General Comment:**

[Site inspection with photos at the end of this report.](#)

Location			
<b>Lease Road:</b>			
Type	Access		
comment:	National forest access.		
Corrective Action	L		Date:
Overall Good: <input type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Wellhead sign needs to be updated. numbering and lettering falling off sign.		
Corrective Action:	Comply with Rule 210.b.		Date: 07/19/2019
Emergency Contact Number:			
Comment:	Contact information numbering falling off sign at entrance.		
Corrective Action:			Date: _____
<b>Good Housekeeping:</b>			
Type	TRASH		
Comment:	Broken pulley parts and pieces laying by pumpjack are trash.		
Corrective Action:	Remove trash to comply with Rule 603.f.		Date: 06/29/2019
Overall Good: <input type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Equipment:</b>			
Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:			Date:
Type: Flow Line	# 4		
Comment:	1-2" flowline from wellhead to separator. 1-2" flowline from separator dump valve to offsite produced water gathering system. 1-2" flowline from separator to offsite dogleg. 1-1" flowline from wellhead to pump jack engine fuel gas.		
Corrective Action:			Date:
Type: Vertical Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:	Plumbed to surface.		
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Wellhead.		

Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:	On separator stack.		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Location Construction**

Location ID: 277656 CDP: \_\_\_\_\_

Comment:

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

**Form 2A COAs:**

**Comment:**

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: 277656 Type: WELL API Number: 007-06213 Status: PR Insp. Status: PR

**Producing Well**

Comment: [Producing.](#)

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
Gravel	Pass					
Compaction	Pass	Gravel	Pass			
Berms	Pass	Compaction	Pass			

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
687904924	Deteriorated sign.	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4855170">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4855170</a>
687904925	Trash	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4855171">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4855171</a>