

**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:

07/18/2019

Submitted Date:

07/18/2019

Document Number:

692602164

FIELD INSPECTION FORM

Loc ID 321830 Inspector Name: Welsh, Brian 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: 10634
Name of Operator: P O & G OPERATING LLC
Address: 5847 SAN FELIPE SUITE 3200
City: HOUSTON State: TX Zip: 77057

Findings:

- 7 Number of Comments
- 0 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 |
|--------------|--------------|-------------------------------|----------|
| Quint, Craig | | craig.quint@state.co.us | |
| Hudson, Glen | 713-589-8186 | glenn_hudson@pogresources.com | Engineer |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------------------|-------------|
| 208143 | WELL | IJ | 05/24/2013 | ERIW | 017-07078 | HARKER RANCH MORROW UNIT(HRMU) 2 | AC |

General Comment:

Routine UIC Inspection

Location

| | | | |
|--------------------|---------------------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Gravel road through farm ground | | |
| Corrective Action: | | Date: | |

Overall Good:

| | | | |
|----------------------|------------------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Lease sign by wellhead | | |
| Corrective Action: | | Date: | |

| | | | |
|----------------------------------|--|--|-------------|
| Emergency Contact Number: | | | |
| Comment: | | | |
| Corrective Action: | | | Date: _____ |

Overall Good:

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment: _____

Multiple Spills and Releases?

| | | | |
|--------------------|--|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Metal and wire panels around welhead, solar panel and cathodic rectifier | | |
| Corrective Action: | | Date: | |

| | | | |
|---------------------------|---|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 2 | | |
| Comment: | Solar powered cathodic rectifier and electric panel | | |
| Corrective Action: | | Date: | |

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

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

Inspected Facilities

Facility ID: 208143 Type: WELL API Number: 017-07078 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|--|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>-26" Hg</u> (e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____ |
| TC: | Pressure or inches of Hg <u>0 PSIG</u> | Previous Test Pressure _____ | Inj Zone: <u>MRRW</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>08/24/2016</u> |
| | | | AnnMTReq: <u>NO</u> |

Comment: CASING HAD STRONG BLOW, DIED IMMEDIATELY. TBG IJ @ -26" HG

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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 | Gravel | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT