

**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:

08/02/2019

Submitted Date:

08/02/2019

Document Number:

688305447**FIELD INSPECTION FORM**Loc ID 309593 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10634Name of Operator: P O & G OPERATING LLCAddress: 5847 SAN FELIPE SUITE 3200City: HOUSTON State: TX Zip: 77057**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:4 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
Quint, Craig		craig.quint@state.co.us	
Hudson, Glenn	713-589-8186	glenn_hudson@pogresources.com	All Inspections
Colotta, Wendy	713-589-8192	wendy_colotta@pogresources.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159070	UIC DISPOSAL	AC	12/13/2001		-	SSM OBRIEN 1-19	AC

General Comment:

Routine UIC, passed

LocationOverall Good: ☐

Signs/Marker:			
Type	WELLHEAD		
Comment:			
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:	steel panels		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	

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

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 159070 Type: UIC API Number: - Status: AC Insp. Status: AC**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 1250UIC Routine

Inj./Tube: Pressure or inches of Hg -8 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Casing has slight blow that died immediately. Bradenhead was dead.

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

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

Document Num	Description	URL
688305448	P O & G Operating LLC SSM O'Brien 1-19 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4899522
688305449	P O & G Operating LLC SSM O'Brien 1-19 well sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4899523