

**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:

09/06/2019

Submitted Date:

09/06/2019

Document Number:

695101315

FIELD INSPECTION FORM

Loc ID 312074 Inspector Name: Beardslee, Tom 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: 10672
Name of Operator: TIMBER CREEK OPERATING LLC
Address: 6295 GREENWOOD PLAZA BLVD #100
City: GREENWOOD State: CO Zip: 8111-

Findings:

- 5 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
Santistevan, Vince	719-845-2102/719-680-9705	vincasantistevan@tcenergyllc.com	All Inspections
Blatnick, Bill	719-845-2112/719-859-3370	billblatnick@tcenergy.us	UIC Inspections
Mack, Ronald		ronaldmack@tcenergyllc.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150279	UIC DISPOSAL	AC	01/04/1990		-	APACHE CANYON 19-10	AC

General Comment:

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type			corrective date
Compressor	# 1		
Comment:	INJECTION PUMP		
Corrective Action:			Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 150279 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 53 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____
 TC: Pressure or inches of Hg -66 Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: VACUUM DROPPED TO 0 WITHIN 3 MINUTES MONITORED FOR 30 MINUTES 0 FLOW OR VACUUM.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Attached Documents

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

Document Num	Description	URL
695101316	INSPECTION PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4934955