

**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:

01/08/2020

Submitted Date:

01/08/2020

Document Number:

695101980

**FIELD INSPECTION FORM**

Loc ID 322281 Inspector Name: Beardslee, Tom On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Operator Information:**

OGCC Operator Number: 57005  
Name of Operator: MESSER\* DAVID  
Address: 6703 HWY 67  
City: FLORENCE State: CO Zip: 81226

**Status Summary:**

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

**Findings:**

- 4 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
Labowskie, Steve		steve.labowskie@state.co.us	
Messer, David	719-429-0809	ddreamstar@hotmail.com	<a href="#">DM Well Inspection</a>
Pesicka, Conor		conor.pesicka@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
259219	WELL	DM	08/30/1933	GW	043-40051	MESSER WELL 1	PR

**General Comment:**

[AS BUILT GPS COORDINATES N.38.35205 DEGREES W.105.10747](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	THERE IS NO ACCESS ROAD WELL IS ON RELATIVELY FLAT TERRAIN. WELL WOULD BE EASILY ACCESS FROM MESSER'S HOME ACROSS THE PASTURE.		
Corrective ActionL		Date:	

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	NO SIGN AT OR NEAR WELLHEAD.		
Corrective Action:	INSTALL SIGN PER RULE 210.b. ((1) Wells. Within sixty (60) days after the completion of a well, a permanent sign shall be located at the wellhead which shall identify the well and provide its legal location, including the quarter quarter section. When no associated battery is present, the additional information required under Rule 210.b.(2) shall be required on the sign.		Date: 02/08/2020

Emergency Contact Number:

Comment:			
Corrective Action:		Date:	_____

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**Facility ID: 259219 Type: WELL API Number: 043-40051 Status: DM Insp. Status: PR**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
402280500	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5031108">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5031108</a>
695101981	INSPECTION PHOTOS	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5031103">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5031103</a>