

FORM
INSPRev
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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:

05/13/2020

Submitted Date:

05/13/2020

Document Number:

699601042

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
440198 _____ SCHURE, KYM _____ 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 66190
Name of Operator: OMIMEX PETROLEUM INC
Address: 7950 JOHN T WHITE ROAD
City: FORT WORTH State: TX Zip: 76120

Status Summary:

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

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 |
|----------------|--------------|-------------------------------|---------|
| Fisher, Jeremy | 970-854-4733 | Jeremy_Fisher@omimexgroup.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 440196 | WELL | PR | 03/01/2015 | GW | 095-06469 | Sagehorn 14-34-6-45 | PR |

General Comment:

[Routine FIR - SATISFACTORY](#)

| Location | | | |
|--|------------------------------------|--------|-----------------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Cropland w/seasonal access | | |
| Corrective Action: | | Date: | |
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Satisfactory | | |
| Corrective Action: | | Date: | |
| Emergency Contact Number: | | | |
| Comment: | Satisfactory | | |
| Corrective Action: | | | Date: _____ |
| Overall Good: <input checked="" type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Equipment: | | | |
| Type: Other | # 0 | | corrective date |
| Comment: | No change in equipment inventoried | | |
| Corrective Action: | | Date: | |
| Venting: | | | |
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 440196 Type: WELL API Number: 095-06469 Status: PR Insp. Status: PR

Producing Well

Comment: NG

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 | In Process | Other | In Process | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT