

**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:

05/20/2020

Submitted Date:

05/20/2020

Document Number:

696301847**FIELD INSPECTION FORM**Loc ID 332312 Inspector Name: PETRIE, ERICA On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 24320Name of Operator: DIAMOND OPERATING, INC.Address: P O BOX 18746City: BOULDER State: CO Zip: 80308**Status Summary:**

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

Findings:13 Number of Comments2 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
Koehler, Bob		bob.koehler@state.co.us	
PETERSON, DAVE	303-494-4420	davep@flatironenergy.com	PRESIDENT

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159158	UIC DISPOSAL	AC	06/20/2006		-	GILLETTE*LOIS #1	AC
271833	WELL	IJ	11/21/2019	DSPW	123-22125	GILLETTE*LOIS 1	AC

General Comment:

This is a UIC WELL & DISPOSAL FACILITY Inspection.

Facility: Active Operation.

Wells: 1 UIC well: Active Injection | IJ

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Adequate		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Adequate		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Adequate		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	Unused pipe on the Southside of location, see photos		
Corrective Action:	Comply with Rule 603.f.	Date:	06/22/2020

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	Panel		
Corrective Action:		Date:	

Equipment:

			corrective date
Type: Bradenhead	# 1		
Comment:	Appears to be plumbed to surface		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Wellhead: w/ Master & casing valves & injection line.		
Corrective Action:		Date:	

Type: Ancillary equipment	# 1	
Comment:	Chemical and Secondary Containment.	
Corrective Action:	Install or repair wildlife protection equipment. Prevent any unauthorized discharge (specify condition if it is E&P waste, improper disposal, trash, etc.)	Date: 06/22/2020
Type: Prime Mover	# 1	
Comment:	Electric Injection Pump	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST		40.769223,-104.218516
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	
Comment:	
Corrective Action:	Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected FacilitiesFacility ID: 159158 Type: UIC API Number: - Status: AC Insp. Status: ACFacility ID: 271833 Type: WELL API Number: 123-22125 Status: IJ Insp. Status: AC**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 1425UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: LYNS

TC: Pressure or inches of Hg 70 Previous Test Pressure _____ Last MIT: 11/04/2019

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

Comment: Injection pump idle at time of inspection.
Unable to document Bradenhead pressure.
Bradenhead had bullplug installed, did NOT have
pressure gauge.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>Routine Annual UIC Field Inspection. No Wildlife netting on Secondary Containment and unused pipe on location.</u>	<u>petrie</u>	<u>05/20/2020</u>

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

Document Num	Description	URL
<u>696301850</u>	<u>Photos</u>	<u>http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5155578</u>