

**FORM
INSP**

Rev
X/20

**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:

03/25/2021

Submitted Date:

03/28/2021

Document Number:

688310167

FIELD INSPECTION FORM

Loc ID: 438454 Inspector Name: Sherman, Susan On-Site Inspection: 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10706
Name of Operator: D90 ENERGY LLC
Address: 202 TRAVIS STREET #402
City: HOUSTON State: TX Zip: 77002

Status Summary:

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

Findings:

- 12 Number of Comments
- 2 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
Silverman, Daniel	713-227-0391	dsilverman@d90energy.com	President
Spear, Sam	(970) 554-1988	sam@d90energy.com	All Inspections
Morgan, John		john.morgan@state.co.us	
Oakes, Kevin	713-227-0391	kevin@d90energy.com	Designated Agent

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
438455	WELL	PR		SI	073-06637	SNOW KING 9-32	AC

General Comment:

UIC Inspection

Form 7 not submitted for 1/1/2021 for the Dockum. Form 7 status should be active injection if injecting, not producing. Bradenhead gauge could not be read. Blue 55-gal drum at wellhead had no secondary containment. Bradenhead test not performed 60 days after commencing injection.

Location

Overall Good:

Signs/Marker:

Type	OTHER		
Comment:	lease sign at CR 3X		
Corrective Action:		Date:	
Type	OTHER		
Comment:	sign at location entrance		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	No secondary containment for 55-gal blue drum at wellhead.		
Corrective Action:	Non E&P Waste not properly stored, handled, transported, treated, or disposed per Rule 906. Contact COGCC EPS staff. Require appropriate cleanup.	Date:	03/30/2021
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 303-638-6096

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		
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In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	LOCATION		
Comment:			
Corrective Action:		Date:	

Equipment:

Type	Deadman # & Marked	#		corrective date
Type: Deadman # & Marked		# 4		
Comment:				
Corrective Action:			Date:	
Type: Bradenhead		# 1		
Comment:		Check/fix gauge at wellhead.		
Corrective Action:			Date:	
Type: Flow Line		# 1		
Comment:		Flow line trenching needs to be reclaimed from CR 3X to well.		
Corrective Action:			Date:	

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

Flaring:		
Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 438455 CDP: _____

Comment:

Corrective Action: Date: _____

Form 2A COAs:

Comment: UIC Form: (02)402210051 5/27/2020 1. Injection is not authorized until Subsequent Forms 31 and 33 are approved.....

Engineer Form: (02)402210051 7/9/2020 Perform Bradenhead test 60 days after commencing injection, submit Form 17 within ten days of date of test.

Corrective Action: Date: _____

Wildlife BMPs:

Comment:

Corrective Action: Date: _____

Comment:

Corrective Action: Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities

Facility ID: 438455 Type: WELL API Number: 073-06637 Status: PR Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-26</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Inj Zone: <u>DCKM</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>09/04/2020</u>
			AnnMTReq: _____

Comment: 12/1/2021 Form 7 reported 837 bbls for with 0 psi reported for casing, tubing and bradenhead. Inspector could not read the bradenhead gauge, tubing was -26 psi and casing 0. Check reported pressures and fix/replace bradenhead gauge.

UIC Form: (02)402210051 5/27/2020 1. Injection is not authorized until Subsequent Forms 31 and 33 are approved.....

Engineer Form: (02)402210051 7/9/2020 Perform Bradenhead test 60 days after commencing injection, submit Form 17 within ten days of date of test.

Corrective Action: **Contact COGCC UIC Geology Advisor (JM).
Submit required Form 7(s) to COGCC per rule 413.
Perform bradenhead test and submit Form 17.** Date: 04/29/2021

Method of Injection: GRAVITY FEED

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

Insp. Status: _____

Comment: _____

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
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
688310199	D90 Energy Snow King 9-32	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5387357