

**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 FORMLoc 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.

LocationOverall Good: ☒

Signs/Marker:			
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:	
Type	OTHER		
Comment:	lease sign at CR 3X		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 303-638-6096

Corrective Action:

Date: _____

Overall Good: ☐

Spills:				
Type	Area	Volume		
In Containment: No				
Comment: _____				
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:			
Type	LOCATION		
Comment:			
Corrective Action:		Date:	

Equipment:			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:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Inspected FacilitiesFacility 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 -26 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DCKM

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 09/04/2020

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ 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: 04/29/2021Method 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
402641265	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5387361
688310199	D90 Energy Snow King 9-32	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5387357