

**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:

04/09/2021

Document Number:

689805581

FIELD INSPECTION FORM
 Loc ID 332715 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num:
Operator Information:

OGCC Operator Number: 95520

Name of Operator: WESCO OPERATING INC

Address: 120 S DURBIN STREET

City: CASPER State: WY Zip: 82602

Status Summary:

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

Findings:

5 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
Kirkwood, Thomas	307-577-5328	tomk@kirkwoodcompanies.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
222158	WELL	IJ	08/01/2020	DSPW	081-05065	MAUDLIN GULCH UNIT 2	AC

General Comment:

Routine UIC inspection.

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	1-866-965-0296	
Corrective Action:		Date: _____

Good Housekeeping:

Type	OTHER		
Comment:	Stained soil at wellhead.		
Corrective Action:	Properly dispose of oily waste in accordance with 905.e. Comply with Rule 606.	Date:	04/16/2021

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

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

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 222158 Type: WELL API Number: 081-05065 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 350 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: SNDCTC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/10/2020

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

Comment: Routine UIC inspection.
Active injection at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP 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
		Culverts				
		Compaction				
Compaction						
		Ditches				
		Gravel				
Gravel						

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
402654418	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5399752
689805582	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5399747