

FORM
INSPRev
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:

05/18/2021

Submitted Date:

05/18/2021

Document Number:

693505159

FIELD INSPECTION FORM

Loc ID: 466977 Inspector Name: Silver, Randy On-Site Inspection: 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10518
Name of Operator: CONFLUENCE DJ LLC
Address: 1001 17TH STREET #1250
City: DENVER State: CO Zip: 80202

Status Summary:

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

Findings:

6 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
Weitzel, Bob		rweitzel@confluencecp.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
475426	WELL	XX	04/14/2020		123-50943	Willow 22-14-2L	XX

General Comment:

Location

Overall Good:

Signs/Marker:

Type	DRILLING/RECOMP		
Comment:	Adequate		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	<input type="text"/>	Date:	
Corrective Action:	<input type="text"/>		

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	LOCATION		
Comment:	Sound walls all four sides.		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 475426 Type: WELL API Number: 123-50943 Status: XX Insp. Status: XX

Well Drilling

Rig: Rig Name: Ensign 161 Pusher/Rig Manager: Arvid Mosnes
 Permit Posted: SATISFACTORY Access Sign: SATISFACTORY

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: YES

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: Waste Management

Comment: A time of inspection crew was cementing surface pipe.

Corrective Action: _____ Date: _____

Cement

Cement Contractor

Contractor Name: BJ Contractor Phone: _____

Surface Casing

Cement Volume (sx): 26bbl Circulate to Surface: YES
 Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): _____ Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____ Cement Volume (sx): _____

Good Return During Job: _____ Cement Type: _____

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
		Tracking Pad	Pass			

Comment: [Rumble strips and rock for tracking pad.](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
At time of inspeciton location was dry. Crew was cementing surface pipe.	silverr	05/18/2021

Attached Documents

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

Document Num	Description	URL
693505160	Loc pic	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5432808