

**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:

08/10/2021

Submitted Date:

08/14/2021

Document Number:

688311009

**FIELD INSPECTION FORM**Loc ID 317017 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**

OGCC Operator Number: 95620

Name of Operator: WESTERN OPERATING COMPANY

Address: 1165 DELAWARE STREET #200

City: DENVER State: CO Zip: 80204

**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   |
|--------------|----------------|------------------------------------|-----------|
| James, Steve | (303) 893-2438 | steve@westernoperating.com         | President |
| Crumley, Tim | (970) 768-5659 | tcrumley@tcrumleypumpingsevice.com |           |
| Quint, Craig |                | craig.quint@state.co.us            |           |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|
| 234510      | WELL | IJ     | 06/01/2020  | ERIW       | 121-06634 | BOBCAT D-SAND UNIT 6 | AC          |

**General Comment:**

Routine UIC Inspection

Check Form 26 status.

**Location**Overall Good: ☒

|                      |          |       |  |
|----------------------|----------|-------|--|
| <b>Signs/Marker:</b> |          |       |  |
| Type                 | WELLHEAD |       |  |
| Comment:             |          |       |  |
| Corrective Action:   |          | Date: |  |

Emergency Contact Number:

Comment: 303-893-2438

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☐

|                |      |        |  |  |  |
|----------------|------|--------|--|--|--|
| <b>Spills:</b> |      |        |  |  |  |
| Type           | Area | Volume |  |  |  |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

|                    |          |       |  |
|--------------------|----------|-------|--|
| <b>Fencing/:</b>   |          |       |  |
| Type               | WELLHEAD |       |  |
| Comment:           |          |       |  |
| Corrective Action: |          | Date: |  |

|                          |                               |       |                 |
|--------------------------|-------------------------------|-------|-----------------|
| <b>Equipment:</b>        |                               |       | corrective date |
| Type: Deadman # & Marked | # 4                           |       |                 |
| Comment:                 |                               |       |                 |
| Corrective Action:       |                               | Date: |                 |
| Type: Bradenhead         | # 1                           |       |                 |
| Comment:                 | Form 17 will be due for 2021. |       |                 |
| Corrective Action:       |                               | Date: |                 |

**Tanks and Berms:**

|                    |   |          |                     |         |        |       |
|--------------------|---|----------|---------------------|---------|--------|-------|
| Contents           | # | Capacity | Type                | Tank ID | SE GPS |       |
|                    |   |          | CENTRALIZED BATTERY |         | ,      |       |
| Comment:           |   |          |                     |         |        |       |
| Corrective Action: |   |          |                     |         |        | Date: |

**Paint**

|                  |  |  |
|------------------|--|--|
| Condition        |  |  |
| Other (Content)  |  |  |
| Other (Capacity) |  |  |
| Other (Type)     |  |  |

**Berms**

|      |          |                     |                     |             |
|------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|      |          |                     |                     |             |

|                    |  |       |
|--------------------|--|-------|
| Comment:           |  |       |
| Corrective Action: |  | Date: |

**Venting:**

|                    |    |       |  |
|--------------------|----|-------|--|
| Yes/No             | NO |       |  |
| Comment:           |    |       |  |
| Corrective Action: |    | Date: |  |

**Flaring:**

|                    |  |       |
|--------------------|--|-------|
| Type               |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

**Location Construction**

Location ID: 234510 CDP: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Form 2A COAs:**

**Comment:** No COAs.

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: 234510 Type: WELL API Number: 121-06634 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC RoutineInj./Tube: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

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

Inj Zone: DSNDTC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 06/14/2018Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Well was not injecting at time of inspection so had 0 psi but usually injects at 400 psi per pumper.  
Bradenhead had slight blow that died immediately. ~99 degrees F

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 |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| Compaction       | Pass            | Compaction              | Pass                  | Material Handling And Spill Prevention | 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   |
|--------------|--|---|
| 688311130    | Western Operating Bobcat D-Sand Unit 6 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5506393">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5506393</a> |