

FORM  
INSPRev  
X/20State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

08/17/2021

Submitted Date:

09/01/2021

Document Number:

689806247

## FIELD INSPECTION FORM

 Loc ID 312913 Inspector Name: Waldron, Emily On-Site Inspection  2A Doc Num: \_\_\_\_\_
**Operator Information:**
 OGCC Operator Number: 10409  
 Name of Operator: PEAKVIEW OPERATING COMPANY LLC  
 Address: 1001 17TH ST SUITE 1050  
 City: DENVER State: CO Zip: 80202
**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 |
|----------------|--------------|-----------------------------|---------|
| Walters, Steve | 720-402-3081 | swalters@peakviewenergy.com |         |
| Wise, Wayne    |              | wwise@peakviewenergy.com    |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 222825      | WELL | PR     | 07/17/1973  | OW         | 081-06185 | KOWACH 1-9    | PR          |

**General Comment:**

Routine FIU inspection. Compliance issue observed:  
meter run not calibrated annually

**Location**

Overall Good:

**Signs/Marker:**

|                    |                      |       |  |
|--------------------|----------------------|-------|--|
| Type               | WELLHEAD             |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |
| Type               | BATTERY              |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |
| Type               | TANK LABELS/PLACARDS |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |

Emergency Contact Number:

Comment:

Corrective Action:

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

**Good Housekeeping:**

|                    |   |       |  |
|--------------------|---|-------|--|
| Type               | OTHER                                     |       |  |
| Comment:           | Earthwork occurring adjacent to wellhead. |       |  |
| Corrective Action: |   | Date: |  |

Overall Good:

**Spills:**

| Type | Area | Volume |  |  |
|------|------|--------|--|--|
|      |      |        |  |  |

In Containment: No

Comment:

Multiple Spills and Releases?

**Equipment:**

| Type                              |  |       | corrective date |
|-----------------------------------|--|-------|-----------------|
| Type: Gas Meter Run               | # 1  |       |                 |
| Comment:                          | Meter not calibrated annually.   |       |                 |
| Corrective Action:                | Calibrate gas metering equipment annually to comply with rule 430.d.(1). | Date: | 10/01/2021      |
| Type: Bradenhead                  | # 1  |       |                 |
| Comment:                          |  |       |                 |
| Corrective Action:                |  | Date: |                 |
| Type: Horizontal Heated Separator | # 1  |       |                 |
| Comment:                          |  |       |                 |
| Corrective Action:                |  | Date: |                 |
| Type: Bird Protectors             | #  |       |                 |
| Comment:                          |  |       |                 |
| Corrective Action:                |  | Date: |                 |
| Type: Emission Control Device     | # 1  |       |                 |

|                    |     |       |  |
|--------------------|-----|-------|--|
| Comment:           |     |       |  |
| Corrective Action: |     | Date: |  |
| Type: Pump Jack    | # 1 |       |  |
| Comment:           |     |       |  |
| Corrective Action: |     | Date: |  |

**Tanks and Berms:**

| Contents           | # | Capacity | Type      | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|--------|
| CRUDE OIL          | 2 | 400 BBLs | STEEL AST |         | ,      |
| Comment:           |   |          |           |         |        |
| Corrective Action: |   |          |           |         | Date:  |

**Paint**

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

**Berms**

| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Earth              | Adequate |                     |                     | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     | Date:       |

**Venting:**

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

**Flaring:**

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

**Inspected Facilities**

Facility ID: 222825 Type: WELL API Number: 081-06185 Status: PR Insp. Status: PR

**Producing Well**

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms            |                 |                         |                       |               |                          |         |
| Gravel           |                 |                         |                       |               |                          |         |
| Compaction       |                 |                         |                       |               |                          |         |

Comment: No apparent soil migration; erosion or soil movement.

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   |
|--------------|-------------------|---|
| 689806248    | Inspection Photos | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5521186">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5521186</a> |