

**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:

09/08/2021

Submitted Date:

09/08/2021

Document Number:

695104800

FIELD INSPECTION FORMLoc ID 307276 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 10672

Name of Operator: TIMBER CREEK OPERATING LLC

Address: 6295 GREENWOOD PLAZA BLVD #100

City: GREENWOOD State: CO Zip: 8111-

Status Summary:

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

Findings:

7 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
Morgan, John		john.morgan@state.co.us	
GEE, GREG	903-987-0353	ggee@ogrisop.com	All Inspections
Fitzgerald, Edie	719-859-1394	efitzgerald@ogrisop.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150278	UIC DISPOSAL	AC	01/07/1990		-	APACHE CANYON 10-3	AC
217350	WELL	IJ	01/01/2021	DSPW	071-06126	APACHE CANYON 10-3	IJ

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment: Corrective Action: Date: Overall Good: ☒**Spills:**

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

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Other

1

Comment: EYEWASH STATION INSIDE HOUSE (MORGAN BUILDING).

Corrective Action: Date:

Type: Ancillary equipment

2

Comment: ELECTRIC AND TELEMETRY EQUIPMENT

Corrective Action: Date:

Type: Other

2

Comment: ELECTRIC INJECTION PUMPS INSIDE PUMP HOUSE.

Corrective Action: Date:

Type: Bradenhead

1

Comment: IS PLUMBED TO SURFACE

Corrective Action: Date: **Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	3	500 BBLS	STEEL AST		37.103047,-104.985905
Comment: <input type="text"/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>

Paint

Condition Adequate

Other (Content) Other (Capacity) Other (Type) **Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment: <input type="text"/>				
Corrective Action: <input type="text"/>				Date: <input type="text"/>

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

--	--	--	--

Inspected FacilitiesFacility ID: 150278 Type: UIC API Number: - Status: AC Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 217350 Type: WELL API Number: 071-06126 Status: IJ Insp. Status: IJ**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 370UIC Routine

Inj./Tube: Pressure or inches of Hg -11.5 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DKENT

TC: Pressure or inches of Hg 5.65 Previous Test Pressure _____ Last MIT: 08/09/2017

Brhd: Pressure or inches of Hg .033 Previous Test Pressure _____ AnnMTReq: _____

Comment: PHOTO 3: TBG/CSG ANNULUS .03 PSI, PSI EQUALIZED IN APP. 5 SEC.
 PHOTO 4: TBG/INJECTION -11.5 PSI, ACTIVE INTECTING
 PHOTO 5: BRHD PSI, ACTIVE INTECTING 5.65 PSI. PRESSURE EQUALIZED IN 8.9 MINUTES NO FLUID TO SURFACE

METHOD OF INJECTION AT TIME OF INSPECTION IS GRAVITY FEED, THE LOCATION IS EQUIPED WITH 2 INJECTION PUMPS.

Corrective Action: _____ Date: _____

Method 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
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	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
695104801	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5527429