

**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:

09/27/2021

Submitted Date:

09/27/2021

Document Number:

695104845**FIELD INSPECTION FORM**Loc ID 333521 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10705Name of Operator: EVERGREEN NATURAL RESOURCES LLCAddress: 1875 LAWRENCE ST STE 1150City: 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 Comments1 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	
Distribution, Evergreen		cogcc.evergreen@enrllc.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
217330	WELL	IJ	09/09/2010	DSPW	071-06106	COTTONTAIL PASS DISPOSAL WELL 32-33	IJ

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

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

Type PIT

Comment:

Corrective Action:

Date:

Equipment:

corrective date

Type: Other

1

Comment: WELLHEAD HOUSE

Corrective Action:

Date:

Type: Bradenhead

1

Comment: PHOTO 6: Bradenhead inaccessible or not visible.

Corrective Action: Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2).

Date: 10/11/2021

Type: Other

1

Comment: FUILTER HOUSE

Corrective Action:

Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	4	400 BBLS	STEEL AST		37.217125,-104.780942
Comment:					
Corrective Action:					Date:

Paint

Condition Adequate

Other (Content)

Other (Capacity)

Other (Type)

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Insufficient	Adequate

Comment:			
Corrective Action:		Date:	
<u>Venting:</u>			
Yes/No			
Comment:			
Corrective Action:		Date:	
<u>Flaring:</u>			
Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 217330 Type: WELL API Number: 071-06106 Status: IJ Insp. Status: IJ**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 565UIC Routine

Inj./Tube: Pressure or inches of Hg -28 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: DK-MR

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 06/19/2019

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

Comment: NO BRADENHEAD ON WELLHEAD TREE. SEE EQUIPMENT SECTION OF THIS DOC. FOR CORRECTIVE ACTION.

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
Compaction	Pass	Compaction	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
695104848	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5541460