

**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:

11/09/2021

Submitted Date:

11/13/2021

Document Number:

688311551

FIELD INSPECTION FORM

Loc ID 317028 Inspector Name: Sherman, Susan On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 20275
Name of Operator: CORAL PRODUCTION CORP
Address: 1600 STOUT ST STE 1500
City: DENVER State: CO Zip: 80202

Findings:

- 12 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
Wieger, Jim	(303) 623-3573	JIMWIEGER@QWESTOFFICE.NET	
Crumley, Tim	(970) 768-5658	tcrumley@tcrumleypumpingsevice.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
234613	WELL	SI	12/01/2019	OW	121-06740	JOST A 2	SI

General Comment:

[Routine Field Inspection](#)

Well SI since 12/1/2021, MIT due however, operator submitted a Form 6N to plug the well-document #402532401 Form 06 ((N)) -00 IN PROCESS 8/3/2021 8/3/2021. Inspector contacted COGCC Engineer about Form 6N and he will get to it soon.

Operator will get location and access road mowed ASAP.

Location

Overall Good:

Signs/Marker:

Type	BATTERY		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	OTHER		
Comment:	lease sign at CR		
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	WEEDS		
Comment:	Control weeds.		
Corrective Action:	Comply with Rule 606.		Date: <u>11/22/2021</u>

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	TANK BATTERY		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	SEPARATOR		
Comment:			
Corrective Action:			Date:
Type	PUMP JACK		

Comment:			
Corrective Action:		Date:	
Equipment:			corrective date
Type: Prime Mover	# 1		
Comment:	electric		
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:	bermed, shed		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 3		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 0		
Comment:	Bradenhead not plumbed to surface.		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	100 BBLs	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

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

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		,
Comment:	one tank is heated				
Corrective Action:					Date:

Paint				
Condition				
Other (Content)				
Other (Capacity)				
Other (Type)				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate			
Comment:				
Corrective Action:				Date:
Wells Served By Facilities Above				
API Number		AirsID		
121-06740		API Number	AirsID	
Venting:				
Yes/No	NO			
Comment:				
Corrective Action:				Date:
Flaring:				
Type				
Comment:				
Corrective Action:				Date:

Location Construction

Location ID: 234613 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: 234613 Type: WELL API Number: 121-06740 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: SI since 12/1/2019. Form 6N is in process. If the well becomes past due for MIT then "Perform successful mechanical integrity test. If a successful MIT can not be performed within 30 day CA time the well must be plugged within 3 months per Rule 417 and 210." Or contact COGCC Engineer, SW.

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

Type: Produced Water Lined: NO Pit ID: Lat: Long:

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment:

Corrective Action

Date: _____

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment:

Corrective Action

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment:

Corrective Action

Date: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: YES

Comment: dry

Corrective Action

Date: _____

Type: Produced Water Lined: NO Pit ID: Lat: Long:

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment:

Corrective Action

Date: _____

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment:

Corrective Action

Date: _____

Netting:

Netting Type:	Netting Condition:	
Comment:	<input type="text"/>	
Corrective Action	<input type="text"/>	
Date:		
Anchor Trench Present:	Oil Accumulation: <u>NO</u>	2+ feet Freeboard: <u>YES</u>
Comment:	<input type="text" value="dry"/>	
Corrective Action	<input type="text"/>	
Date:		

Attached Documents

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

Document Num	Description	URL
688311577	Coral Production JOst A 2	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5580412