

**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:

02/25/2022

Submitted Date:

02/25/2022

Document Number:

695105723**FIELD INSPECTION FORM**Loc ID 308820 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10758Name of Operator: OGRIS OPERATING LLCAddress: PO BOX 53467City: MIDLAND State: TX Zip: 79710**Status Summary:**

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

Findings:7 Number of Comments2 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
WARD, GIENA		gward@ogrisop.com	All Inspections
GEE, GREG	903-987-0353	ggee@ogrisop.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
282647	WELL	PR	07/04/2006	GW	071-08686	APACHE CANYON 23-16	PR

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	OTHER		
Comment:	PHOTO 2: WELL SIGN/ SECTION NUMBER IS FADED AND CANT SEE SECTION 23.		
Corrective Action:	COMPLY WITH RULE 605. POST SIGN WITH ALL REQUIRED INFORMATION (SINCE THIS SIGN HAS TO BE REPAIRED INCLUDE THE API NUMBER.	Date:	03/25/2022

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: Ancillary equipment	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Compressor	# 1		
Comment:	PHOTO 4: MUFFLER ON COMPRESSOR SKID IS BROKE IN HALF. REPLACE MUFFLER.		
Corrective Action:	inspect and repair at regular intervals and maintain in good mechanical condition per Rule 608.e.	Date:	03/03/2022
Type: Gas Meter Run	# 1		
Comment:	CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.		
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:			
Corrective Action:		Date:	
Type: Progressive Cavity	# 1		
Comment:			
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:			

Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	IS ACCESSABLE		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 282647 Type: WELL API Number: 071-08686 Status: PR Insp. Status: PR**Producing Well**Comment: Corrective Action: Date: **BradenHead**Date of Last Brhd Test: 03/06/2020Annual Brhd Completed? Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: End Surf Csg Pressure: 0Comment: Corrective Action: Date: **Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
402967162	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5675191
695105726	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5675189