

**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:

03/27/2023

Submitted Date:

03/27/2023

Document Number:

701006690

FIELD INSPECTION FORMLoc ID 324838 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 83130

Name of Operator: STRACHAN EXPLORATION INC

Address: 383 INVERNESS PKWY, STE 360

City: ENGLEWOOD State: CO Zip: 80112

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
Strachan, Steve	(303) 785-7006	sms@strachanexploration.com	
Morgan, John		john.morgan@state.co.us	
Quint, Craig		craig.quint@state.co.us	
,		dnr_cogccengineering@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
213034	WELL	IJ	04/05/2018	DSPW	061-06395	FRAZEE-BOLYARD 2-35-SWD	AC

General Comment:

5 Year UIC MIT

Location**Lease Road:**

Type	Access		
comment:	Trail through farm ground		
Corrective Action	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

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?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 213034 Type: WELL API Number: 061-06395 Status: IJ Insp. Status: AC**Underground Injection Control**UIC Violation: Failed MIT 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: LYNS

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 04/02/2018

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: -8" Hg Csg psi: 0 PSIG BH psi: _____Insp. Status: Fail Leak Type: Tubing

Comment: INITIAL CSG WAS DEAD. STARTING TBG PRESSURE WAS -8" Hg. MIRU PROSTIM. LOADED CSG WITH 9 BBLS WATER. PRESSURED CSG TO 375 PSIG. CSG PRESSURE AT 5 MIN WAS 350 PSIG, TBG PRESSURE WAS -5" Hg. CSG PRESSURE AT 10 MIN WAS 350 PSIG, TBG PRESSURE WAS -2" Hg. CSG PRESSURE AT 15 MIN WAS 300 PSIG, TBG PRESSURE WAS REDUCED TO 0 PSIG. CSG PRESSURE AT 20 MIN WAS 290 PSIG.

Corrective Action: Contact COGCC Engineering Dept for directives Date: 04/27/2023

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	Other	Pass			

Comment: [Location and access are farmed over. Gravel has been added around the wellhead](#)

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
701006691	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6064771