

**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:

05/03/2023

Submitted Date:

05/05/2023

Document Number:

690204183

FIELD INSPECTION FORMLoc ID 320981 Inspector Name: COSTA, RYAN On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 10626

Name of Operator: DOVER ATWOOD CORPORATION

Address: 1875 HARSH AVENUE SE

City: MASSILLON State: OH Zip: 44646

Status Summary:

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

Findings:

6 Number of Comments

4 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
LEVENGOOD JOHN		jlevengood07@gmail.com	
Pesicka, Conor		conor.pesicka@state.co.us	
GEORGE KELLY		envexbaca@aol.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205670	WELL	SI	11/01/2022	GW	009-06081	THOMPSON-PORTER 1-10	RI

General Comment:

On 5/3/2023, Ryan Costa conducted a follow up Location Inspection.
See attached photos and additional details within this report.

The corrective actions of the previous inspections have not been completed.
Operator is directed to perform corrective actions outlined on this inspection report immediately.

LocationOverall Good: ☐

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	The tank label does not comply with 605. Missing tank NFPA labeling and missing INFO. Previous CA not completed.		
Corrective Action:	Install sign to comply with Rule 605.h.	Date:	06/05/2021
Type	WELLHEAD		
Comment:	The well sign does not comply with 605. Invalid Operator Emergency number. Previous CA not completed.		
Corrective Action:	Install sign to comply with Rule 605.d.	Date:	03/01/2021

Emergency Contact Number:	
Comment:	
Corrective Action:	Date: _____

Good Housekeeping:			
Type	UNUSED EQUIPMENT		
Comment:	There is an unused pipe riser that needs to be removed.		
Corrective Action:	Comply with 606 and 1100 Rules.	Date:	06/05/2023

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

☐ Multiple Spills and Releases?**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
	1	200 BBLS	Open Top		
Comment:	There appears to be oily fluids inside the tank which is labeled produced water.				
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
	Inadequate	Walls Insufficient	Base Insufficient	Inadequate
Comment:	There is inadequate secondary containment around the tank.			
Corrective Action:	Repair or install berms or other secondary containment devices per Rule 912.d.(1).			
	Date: 06/03/2021			

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
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
690204184	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6105463