

**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:

06/06/2023

Submitted Date:

06/06/2023

Document Number:

700300614

**FIELD INSPECTION FORM**

Loc ID 325522 Inspector Name: LABOWSKIE, STEVE 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: 40547  
Name of Operator: HOLCOMB OIL & GAS INC  
Address: P O BOX 2058  
City: FARMINGTON State: NM Zip: 87499

**Findings:**

- 12 Number of Comments
- 7 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
,		holcomb.oilgas@gmail.com	<a href="#">All Inspections as of 7/8/2021</a>
, Engineering		dnr_cogccengineering@state.co.us	
Holcomb, Jeff	(505) 330-2473	wjholcomb@qwestoffice.net	<a href="#">Owner</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
214940	WELL	SI	07/01/2014	GW	067-06545	HURT 1-4	SI

**General Comment:**

Compliance supervisor Steve Labowskie inspected location on 6/5 and 6/6 to verify status of wells. Gas observed venting from pop off on separator. Well overdue for 5 year MIT. No annual bradenhead tests on file. No monthly Form 7 reporting since 2017.

**Location**

Overall Good:

**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:	labels deteriorated or missing on poroduced water tanks		
Corrective Action:	label and placard tanks oer rule 605	Date:	07/06/2023
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	24 hour operator contact number posted with well is no longer valid, operator reached at smaller font number listed as "emergency"		
Corrective Action:	Install proper emergency services contact number (911) per Rule 605	Date:	06/08/2023

**Good Housekeeping:**

Type	WEEDS		
Comment:			
Corrective Action:		Date:	

Overall Good:

**Spills:**

Type	Area	Volume		
------	------	--------	--	--

In Containment: No

Comment:

Multiple Spills and Releases?

**Equipment:**

Type			corrective date
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 2		
Comment:	see corrective action in venting section, separator venting through pop off. Some oxide staining on ground below east separator		
Corrective Action:		Date:	
Type: Flow Line	# 3		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		

Comment:	Calibration record is porent and current (calibration due noi later than 6/22/23) if well is returned to poroduction			Date:	
Corrective Action:				Date:	
Type: Bird Protectors	# 2				
Comment:				Date:	
Corrective Action:				Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	OTHER	OTHER		37.242790,-107.745326	
Comment:	paint pelling tank corroding				Date:	
Corrective Action:	Insoect and paint tank				Date:	08/06/2023

**Paint**

Condition	Inadequate				
Other (Content)					
Other (Capacity)					
Other (Type)	cone top				

**Berms**

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

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	OTHER	STEEL AST		37.241255,-107.745955	
Comment:	Open pipe at top of tank				Date:	
Corrective Action:	install wildlife poroitection (plug oir screen) to prevent entry to tank per Rule 602.c				Date:	06/08/2023

**Paint**

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

**Berms**

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

**Venting:**

Yes/No	YES		
Comment:	continuous gas emissions from pop off on horizontal separator (see FLIR video)		
Corrective Action:	Immediately stop venting per Rule 903.d		Date:

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**

Facility ID: 214940 Type: WELL API Number: 067-06545 Status: SI Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: 5 year MIT was due no later than 1/31/23. Well appears shut in but gas continuously venting from separator pop off

Corrective Action: Perform and submit 5 year MIT (note MITs require at least 10 day advanced notice via electronic Form 42).  
Submit monthly Form 7 reports per Rulke 413

Date: \_\_\_\_\_

**BradenHead**

Date of Last Brhd Test: 01/27/2018 Annual Brhd Completed? No

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: \_\_\_\_\_

End Surf Csg Pressure: 0

Comment: \_\_\_\_\_

Corrective Action: Perform and submit annual bradenhead tests per Rule 419

Date: \_\_\_\_\_

