

**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:

04/30/2024

Submitted Date:

05/16/2024

Document Number:

699700371

FIELD INSPECTION FORMLoc ID 322345 Inspector Name: Heil, John On-Site Inspection ☐ 2A Doc Num: ☐**Operator Information:**

ECMC Operator Number: 51130

Name of Operator: LOCIN OIL CORPORATION

Address: 600 TRAVIS ST STE 6161

City: HOUSTON State: TX Zip: 77002

Status Summary:

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

Findings:

2 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 |
|--------------|----------------|---------------------|---------|
| Arnim, Rees | (713) 469-0275 | rarnim@locin.energy | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 210331 | WELL | SI | 06/01/2020 | GW | 045-06087 | FEDERAL 1-9 | EI |

General Comment:

ECMC Environmental Inspection.

| | | | | |
|--|-------|--|--|-------------|
| Location | | | | |
| Overall Good: <input type="checkbox"/> | | | | |
| Emergency Contact Number: | | | | |
| Comment: | | | | Date: _____ |
| Corrective Action: | | | | |
| Good Housekeeping: | | | | |
| Type | OTHER | | | |
| Comment: | | Unmarked riser. | | |
| Corrective Action: | | Maintain active and inactive flowlines and crude oil transfer lines to meet rule 1102.i. | | Date: |
| Overall Good: <input checked="" type="checkbox"/> | | | | |
| Spills: | | | | |
| Type | Area | Volume | | |
| In Containment: No | | | | |
| Comment: | | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |
| Venting: | | | | |
| Yes/No | | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |
| Flaring: | | | | |
| Type | | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

