

**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:

10/01/2024

Submitted Date:

10/01/2024

Document Number:

693807746

FIELD INSPECTION FORMLoc ID 322525 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

ECMC Operator Number: 10770

Name of Operator: VISION ENERGY LLC

Address: P O BOX 370

City: IGNACIO State: CO Zip: 81137

Status Summary:☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**

3 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
Labowskie, Steve		steve.labowskie@state.co.us	
Graves, Jim	970-712-0099	mrinc20@maralexinc.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Bechtolt, Phoebe	970-563-4000	pbechtolt@maralexinc.com	
O'Hare, Mollie	970-563-4000	mollieo@maralexinc.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
210719	WELL	SI	06/01/2024	GW	045-06477	FEDERAL-MESAGAR 10-1	SI

General Comment:

ECMC staff performed a routine field inspection on 10/1/2024.

Issues were found requiring corrective action.

Any Corrective Actions from previous inspections that have not been addressed are still applicable

Location				
Lease Road:				
Type	Access			
comment:	Location is not accessible due to washed out road			
Corrective Action	Repair and maintain lease road to comply with rule 204.			Date: 11/01/2024
Overall Good: <input type="checkbox"/>				
Emergency Contact Number:				
Comment:	<input type="text"/>			Date: _____
Corrective Action:	<input type="text"/>			
Overall Good: <input type="checkbox"/>				
Spills:				
Type	Area	Volume		
In Containment: No				
Comment:	<input type="text"/>			
<input type="checkbox"/> Multiple Spills and Releases?				
Venting:				
Yes/No				
Comment:				
Corrective Action:				Date:
Flaring:				
Type				
Comment:				
Corrective Action:				Date:

Inspected Facilities									
Facility ID:	210719	Type:	WELL	API Number:	045-06477	Status:	SI	Insp. Status:	SI
The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12									