

**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:

10/31/2024

Submitted Date:

11/05/2024

Document Number:

693807896**FIELD INSPECTION FORM**Loc ID 322396 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**ECMC Operator Number: 51130Name of Operator: LOCIN OIL CORPORATIONAddress: 600 TRAVIS STREET SUITE 5050City: HOUSTON State: TX Zip: 77002**Status Summary:**

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

**Findings:**12 Number of Comments2 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	
Gross, Jason		jgross@blm.gov	Silt
Lapham, Ken	979-877-4951	klapham@locin.energy	All Inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
210408	WELL	PR	12/01/2023	GW	045-06164	LEWIS USA 36-1	PR

**General Comment:**

ECMC staff performed a routine field inspection on 10/31/2024.

Issues were found requiring corrective action. See inspection text and photos for details.

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

**Location****Lease Road:**

Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 970-858-7546

Corrective Action:

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

Overall Good: ☒**Spills:**

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

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	TANK BATTERY		
Comment:	Hoqire & T-post around blowdown tank		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Pipe fence		
Corrective Action:		Date:	

**Equipment:**

Type: Bird Protectors	# 1		corrective date
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 2		
Comment:	Meter not calibrated annually		
Corrective Action:	Calibrate gas metering equipment annually to comply with rule 430.d.(1).	Date:	12/05/2024

Type: Deadman # & Marked	# 4	
Comment:		
Corrective Action:		Date:
Type: Bradenhead	# 1	
Comment:		
Corrective Action:		Date:
Type: Horizontal Heated Separator	# 1	
Comment:		
Corrective Action:		Date:
Type: Compressor	# 1	
Comment:		
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	STEEL AST		39.416715,-109.042043
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLs	PBV STEEL		39.416809,-109.041858
Comment:	Blowdown tank				
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				

Corrective Action:					Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	<100 BBLs	PBV STEEL		39.416715,-109.042043	
Comment:						
Corrective Action:					Date:	
<b>Paint</b>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<b>Berms</b>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:					Date:	
<b>Venting:</b>						
Yes/No	NO					
Comment:						
Corrective Action:						Date:
<b>Flaring:</b>						
Type						
Comment:						
Corrective Action:						Date:

Inspected Facilities									
Facility ID:	210408	Type:	WELL	API Number:	045-06164	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Flowing								
Corrective Action:				Date:					
BradenHead									
Date of Last Brhd Test:	06/20/2023		Annual Brhd Completed?	No					
Last Brhd Test Results	Initial Surf Csg Pressure:	125	Fluid Type:	NONE					
	End Surf Csg Pressure:	0							
Comment:	No annual bradenhead test Form 17 on file.			12/05/2024					
Corrective Action:	Submit Form 17 as directed by Rule 419.c			Date:					

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
403983319	INSPECTION SUBMITTED	<a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6774539">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6774539</a>
693807897	Inspection photos 10/31/2024	<a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6774535">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6774535</a>