

**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:

06/10/2025

Submitted Date:

06/10/2025

Document Number:

698707596**FIELD INSPECTION FORM**Loc ID 308001 Inspector Name: Serna, Abe On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC Operator Number: 10758Name of Operator: OGRIS OPERATING LLCAddress: PO BOX 53467City: MIDLAND State: TX Zip: 79710**Status Summary:**

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

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 260050 | WELL | PR | 12/24/2006 | CBM | 071-07375 | HILL RANCH 06-12V | PR |

General Comment:[Wellsite Inspection](#)

LocationOverall Good: ☒**Signs/Marker:**

| | | | |
|--------------------|---------------------|-------|--|
| Type | OTHER | | |
| Comment: | Wellsite Inspection | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

| | | | |
|--------------------|--|-------|--|
| Comment: | | Date: | |
| Corrective Action: | | Date: | |

Overall Good: ☒**Spills:**

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

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

| | | | |
|---------------------------|---|-------|-----------------|
| Type: Vertical Separator | # 1 | | corrective date |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 1 | | |
| Comment: | CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR. | | |
| Corrective Action: | | Date: | |
| Type: Prime Mover | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Progressive Cavity | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Venting:

| | | | |
|--------|----|--|--|
| Yes/No | NO | | |
|--------|----|--|--|

| | | | |
|--------------------|--|-------|--|
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|--|-------|--|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| Inspected Facilities | | | | | | | | | |
|--|--------|----------------------------|------|------------------------|-----------|------------------|----|---------------|----|
| Facility ID: | 260050 | Type: | WELL | API Number: | 071-07375 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | | PR | | | | | | | |
| Corrective Action: | | | | | Date: | | | | |
| BradenHead | | | | | | | | | |
| Date of Last Brhd Test: | | 07/15/2024 | | Annual Brhd Completed? | | Yes | | | |
| Last Brhd Test Results | | Initial Surf Csg Pressure: | | 0 | | Fluid Type: NONE | | | |
| | | End Surf Csg Pressure: | | 0 | | | | | |
| Comment: | | | | | | | | | |
| Corrective Action: | | | | | 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Culverts | Pass | Ditches | Pass | | | |

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NOPit ID: Lat: Long: Reference Point: Other: Length: Width: **Lining:**Liner Type: Liner Condition: Comment: Corrective Action: Date: **Fencing:**Fencing Type: NoneFencing Condition: Comment: Corrective Action: Date: **Netting:**Netting Type: Netting Condition: Comment: Corrective Action: Date: Anchor Trench Present: Oil Accumulation: 2+ feet Freeboard: Comment: Corrective Action: Date: **ECMC Comments**

| Comment | User | Date |
|------------------------------------|--------|------------|
| Routine Inspection | sernaa | 06/10/2025 |

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

| Document Num | Description | URL |
|--------------|-------------|---|
| 698707597 | Photo | https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7089469 |