

**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:

06/11/2025

Submitted Date:

06/12/2025

Document Number:

693808827

FIELD INSPECTION FORM

Loc ID 311823 Inspector Name: BROWNING, CHUCK 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:

ECMC Operator Number: 51130
Name of Operator: LOCIN OIL CORPORATION
Address: 23501 CINCO RANCH BLVD, B244
City: KATY State: TX Zip: 77494

Findings:

- 13 Number of Comments
- 5 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
Meeks, Lauren	832-857-9734	lmeeks@amerincanhelium.us	
Labowskie, Steve		steve.labowskie@state.co.us	
Beasley, Nolan		nolan.beasley@state.co.us	UIC Lead
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Harrison, Trish	970-759-9545	trish.harrison@coolskyenergy.com	CoolSky

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
231330	WELL	SI	04/01/2023	DSPW	103-09000	COLUMBINE SP 11-11-4-104 WDW	SI

General Comment:

[Routine UIC inspection.](#)

Location			
Lease Road:			
Type	Access		
comment:			
Corrective ActionL			Date:
Type	Main		
comment:			
Corrective ActionL			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	866-767-3600 Emergency contact number invalid		
Corrective Action:	Install sign to comply with Rule 605.a.		Date: 07/11/2025
Good Housekeeping:			
Type	UNUSED EQUIPMENT		
Comment:	Unused propane tank and telemetry equipment		
Corrective Action:	Comply with Rule 606		Date: 07/11/2025
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	WELLHEAD		
Comment:	Injection wellhead inside housing		
Corrective Action:			Date:
Type	OTHER		
Comment:	Panel fence around telemetry		
Corrective Action:			Date:
Equipment:			
Type: Deadman # & Marked	# 6		corrective date
Comment:			
Corrective Action:			Date:
Type: Flow Line	# 5		

Comment: Multiple flowline risers (ends unsecured)		
Corrective Action: Comply with Rule 606		Date: 07/11/2025
Type: Bradenhead	# 1	
Comment:		
Corrective Action:		Date:
Type: Ancillary equipment	# 1	
Comment: Telemetry (unused)		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
	0				
Comment: Open excavation from tank removal with flowline riser.					
Corrective Action: Install safety fencing.					Date: 07/11/2025

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO	
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 231330 Type: WELL API Number: 103-09000 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg - _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: CSLGT

TC: Pressure or inches of Hg - _____ Previous Test Pressure _____ Last MIT: 06/19/2023

Brhd: Pressure or inches of Hg - _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: No gauges. Unable to measure tubing/casing/bradenhead pressures.

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 12/05/2023 Annual Brhd Completed? No

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: NONE

End Surf Csg Pressure: 0

Comment: No annual bradenhead test Form 17 on file.

07/11/2025

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			

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
404238484	INSPECTION SUBMITTED	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7092942
693808833	Inspection photos 6/11/2025	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7092939