

**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:

07/07/2025

Submitted Date:

07/08/2025

Document Number:

715202645

FIELD INSPECTION FORM

Loc ID 321852 Inspector Name: Welsh, Brian 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: 59925
Name of Operator: MONUMENT GAS MARKETING INC
Address: P O BOX 950
City: MONUMENT State: CO Zip: 80132-

Findings:

- 5 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
Quint, Craig		craig.quint@state.co.us	
Beasley, Nolan		nolan.beasley@state.co.us	
Campbell, Randy	(719) 481-8029	rcampbell0614@adelphia.net	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208225	WELL	SI	08/01/2021	DSPW	017-07160	COE TRUST 12B-18 2	SI

General Comment:

SE Compliance Specialist Brian Welsh conducted a Routine UIC Inspection
Form 6A (403368542) Plug date of 12/31/27

Location

Lease Road:			
Type	Access		
comment:	Trail through farm ground		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign laying on the ground needs installed and updated to current operator		
Corrective Action:	Install sign to comply with Rule 605.d.	Date:	08/07/2025

Emergency Contact Number:			
Comment:	<input style="width: 100%;" type="text"/>		
Corrective Action:	<input style="width: 100%;" type="text"/>		Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 208225 Type: WELL API Number: 017-07160 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0 PSIG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>STLSP</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/28/2019</u>
		AnnMTReq: <u>NO</u>	

Comment: WELL IS PAST DUE FOR A UIC MIT. PASSING MIT WAS REQUIRED ON 5/28/25. CASING HAD A LIGHT BLOW, DIED IMMEDIATELY. TBG VALVE IS CLOSED AND TBG HAD A LIGHT BLOW AT TIME OF INSPECTION

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

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

Insp. Status: _____

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
Other	Pass	Other	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT