

**FORM  
INSP**

Rev  
X/15

**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:

05/20/2020

Submitted Date:

05/20/2020

Document Number:

696301847

**FIELD INSPECTION FORM**

Loc ID 332312 Inspector Name: PETRIE, ERICA On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Operator Information:**

OGCC Operator Number: 24320  
Name of Operator: DIAMOND OPERATING, INC.  
Address: P O BOX 18746  
City: BOULDER State: CO Zip: 80308

**Status Summary:**

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

**Findings:**

- 13 Number of Comments
- 2 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
Koehler, Bob		bob.koehler@state.co.us	
PETERSON, DAVE	303-494-4420	davep@flatironenergy.com	<b>PRESIDENT</b>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159158	UIC DISPOSAL	AC	06/20/2006		-	GILLETTE*LOIS #1	AC
271833	WELL	IJ	11/21/2019	DSPW	123-22125	GILLETTE*LOIS 1	AC

**General Comment:**

This is a UIC WELL & DISPOSAL FACILITY Inspection.  
Facility: Active Operation.  
Wells: 1 UIC well: Active Injection | IJ

**Location**

Overall Good:

**Signs/Marker:**

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

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

**Good Housekeeping:**

Type	UNUSED EQUIPMENT		
Comment:	Unused pipe on the Southside of location, see photos		
Corrective Action:	Comply with Rule 603.f.		Date: 06/22/2020

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment: \_\_\_\_\_

Multiple Spills and Releases?

**Fencing/:**

Type	WELLHEAD		
Comment:	Panel		
Corrective Action:			Date:

**Equipment:**

Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:			Date:
Type: Other	# 1		
Comment:	Wellhead: w/ Master & casing valves & injection line.		
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Electric Injection Pump		
Corrective Action:			Date:

Type: Ancillary equipment	# 1	
Comment:	Chemical and Secondary Containment.	
Corrective Action:	Install or repair wildlife protection equipment. Prevent any unauthorized discharge (specify condition if it is E&P waste, improper disposal, trash, etc.)	Date: 06/22/2020
Type: Bradenhead	# 1	
Comment:	Appears to be plumbed to surface	
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST		40.769223,-104.218516
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:

**Venting:**

Yes/No	
Comment:	
Corrective Action:	Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 159158 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 271833 Type: WELL API Number: 123-22125 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: 1425

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: LYNS  
 TC: Pressure or inches of Hg 70 Previous Test Pressure \_\_\_\_\_ Last MIT: 11/04/2019  
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Injection pump idle at time of inspection.  
 Unable to document Bradenhead pressure.  
 Bradenhead had bullplug installed, did NOT have pressure gauge.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**COGCC Comments**

Comment	User	Date
<u>Routine Annual UIC Field Inspection. No Wildlife netting on Secondary Containment and unused pipe on location.</u>	petrie	05/20/2020

**Attached Documents**

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

Document Num	Description	URL
402403202	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5155587">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5155587</a>
696301850	Photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5155578">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5155578</a>