

**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	PRESIDENT

**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 &amp; DISPOSAL FACILITY Inspection.

Facility: Active Operation.

Wells: 1 UIC well: Active Injection | IJ

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
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: ☐

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

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

Type	WELLHEAD		
Comment:	Panel		
Corrective Action:		Date:	

**Equipment:**

			corrective date
Type: Deadman # & Marked	# 4		
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: ACFacility ID: 271833 Type: WELL API Number: 123-22125 Status: IJ Insp. Status: AC**Underground Injection Control**UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: 1425UIC 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>	<u>petrie</u>	<u>05/20/2020</u>

**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>