

**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:

08/12/2020

Submitted Date:

08/14/2020

Document Number:

688308358

FIELD INSPECTION FORM

Loc ID 316947 Inspector Name: Sherman, Susan 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:

OGCC Operator Number: 20275
Name of Operator: CORAL PRODUCTION CORP
Address: 1600 STOUT ST STE 1500
City: DENVER State: CO Zip: 80202

Findings:

2 Number of Comments
0 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
Wieger, Jim	(303) 623-3573	JIMWIEGER@QWESTOFFICE.NET	
Chonka, Jim	(303) 623-3573	jpchonka@netscape.net	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
233384	WELL	IJ	08/02/2007	DSPW	121-05420	SCHWARTZ, DOROTHY 1	AC

General Comment:

[Reinspection, passed](#)

Location

Overall Good:

Signs/Marker:

Type	BATTERY		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:			
Corrective Action:			Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type: Bradenhead	# 1				corrective date
Comment:					
Corrective Action:					Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	300 BBLS	STEEL AST		,	
Comment:						
Corrective Action:						Date:

Paint

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

Berms

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

Venting:

Yes/No				
Comment:				
Corrective Action:				Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 233384 Type: WELL API Number: 121-05420 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>JSND</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>04/29/2019</u>
			AnnMTReq: _____

Comment: tubing gauge and valve replaced at wellhead

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Attached Documents

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

Document Num	Description	URL
688308375	Coral Schwartz, Dorothy 1 REIN	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5223667