

**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:

11/01/2021

Submitted Date:

11/09/2021

Document Number:

701600416

FIELD INSPECTION FORM

Loc ID: 312266 Inspector Name: SCHURE, KYM 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: 95620
Name of Operator: WESTERN OPERATING COMPANY
Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204

Findings:

- 3 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
James, Steven	(303) 893-2438	steve@westernoperating.com	
Quint, Craig		craig.quint@state.co.us	
Burn, Diana		diana.burn@state.co.us	
Morgan, John		john.morgan@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
220282	WELL	IJ	06/01/2020	ERIW	075-08404	EMERALD, ROBERT 3-35	SI

General Comment:

UIC-MIT Failed MIT performed on 11-1-2021, due to computer issues at COGCC this FIR is being submitted. CA dates are set from the actual date of MIT.

NOTE TO OPERATOR: Repair or Plug well within (6) months of date test was performed. Notify COGCC of decision to repair (schedule MIT prior to returning well to service) via Form 42. Notify COGCC of decision to P&A well via Form 42. Well shall remain in SI status until approval of repairs or plugging is received from COGCC.

Inspected Facilities

Facility ID: 220282 Type: WELL API Number: 075-08404 Status: IJ 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: JSND
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 11/04/2016
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: Fail Leak Type: _____

Comment: Well did not hold initial pressure required to perform MIT. Well was re-pressured and well did not hold pressure.

Corrective Action: Repair or Plug well within (6) months from date of failed MIT. Date: 05/01/2022

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Failed UIC - MIT

Corrective Action: Repair or P&A well within (6) months from date of MIT failure. Date: 05/01/2022

Attached Documents

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

Document Num	Description	URL
402866400	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5576308
701600417	Form 21 copy - failed MIT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5576306