

**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: _____

Operator Information:

OGCC Operator Number: 95620

Name of Operator: WESTERN OPERATING COMPANY

Address: 1165 DELAWARE STREET #200

City: DENVER State: CO Zip: 80204

Status Summary:☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**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 FacilitiesFacility 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 - MITCorrective 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