

**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:

01/19/2018

Submitted Date:

01/25/2018

Document Number:

680302849**FIELD INSPECTION FORM**Loc ID 312201 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10352Name of Operator: CM PRODUCTION LLCAddress: 390 UNION BLVD SUITE 620City: LAKEWOOD State: CO Zip: 80228**Status Summary:**

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

Findings:6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Schure, Kym		kym.schure@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219440	WELL	PR	06/01/2012	OW	075-06347	MOUNT HOPE-GREEN 31	SI

General Comment:

Update to COGCC data-base well file. Well in under review by COGCC Enforcement Group/Orphan Well Program. Conditions at well/facility remain as cited in FIR's Doc's#680000548 & 680000660.

Location

Lease Road:			
Type	Access		
comment:	Gravel road on grassland		
Corrective Action		Date:	

Overall Good: ☐

Signs/Marker:			
Type	WELLHEAD		
Comment:	Contact COGCC for directives		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Contact COGCC for directives

Corrective Action:

Date: _____

Overall Good: ☐

Spills:					
Type	Area	Volume			

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type			
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 7		
Comment:			
Corrective Action:		Date:	
Type: FWKO	# 1		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Electric motor		
Corrective Action:		Date:	

Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	219440	Type:	WELL	API Number:	075-06347	Status:	PR	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <div>FIR performed to update conditions at facility/well. Contact COGCC Enforcement Group for directives.</div>									
Corrective Action: _____ Date: _____									