

**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:

11/20/2018

Submitted Date:

11/20/2018

Document Number:

679701813**FIELD INSPECTION FORM**Loc ID 316070 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10539Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORPAddress: 1125 ESCALANTE DRCity: RANGELY State: CO Zip: 81648**Status Summary:**

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

Findings:8 Number of Comments1 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
Hale, Steve		shale@utahgascorp.com	Environmental Manager, all inspections
Bleil, Robert	720-425-0303	inspections@utahgascorp.com	All inspections
Kellerby, Shaun	970-712-1248	shaun.kellerby@state.co.us	
Knight, Russ		rknight@utahgascorp.com	President, all inspections
Plummer, Ronnie		rplummer@utahgascorp.com	Production manager, all inspections
Waldron, Emily		emily.waldron@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
232035	WELL	SI	02/01/2018	GW	103-09706	CATHEDRAL FEDERAL 27-13	SI

General Comment:routine well inspection

LocationOverall Good: ☒

Signs/Marker:			
Type	CONTAINERS		
Comment:	Sign or label not posted or information inaccurate on tanks or containers		
Corrective Action:	Install sign to comply with Rule 210.d.	Date:	01/18/2019
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 970-693-6021

Corrective Action:

Date: _____

Overall Good: ☒

Spills:				
Type	Area	Volume		
In Containment: No				
Comment: _____				
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:			corrective date
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLS	Open Top		39.842470,-108.724820
Comment:					

Corrective Action:		Date:	
Paint			
Condition	Adequate		
Other (Content)			
Other (Capacity) 30 bbl			
Other (Type)			
Berms			
Type	Capacity	Permeability (Wall)	Permeability (Base)
Metal	Adequate	Walls Sufficient	Base Sufficient
Comment:			
Corrective Action:		Date:	
Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	232035	Type:	WELL	API Number:	103-09706	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <input type="text" value="Valves at well head shut in."/>									
Corrective Action: <input type="text"/> Date: _____									

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Comment:

Corrective Action:

Date: _____

Pits: ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
679701814	inspection photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4652457