

**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:

08/06/2019

Submitted Date:

08/06/2019

Document Number:

680305383**FIELD INSPECTION FORM**
 Loc ID 312306 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10330Name of Operator: INVESTMENT EQUIPMENT LLCAddress: 412 W PLATTE AVECity: FT MORGAN State: CO Zip: 80701**Status Summary:**

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

Findings:3 Number of Comments0 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
Quint, Craig		craig.quint@state.co.us	
Chisholm, James Jr.		investmentequipment@gmail.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
221153	WELL	IJ	11/12/2015	ERIW	075-09279	COLORADO 2-10	AC

General Comment:UIC Routine Inspection 2019

Inspected FacilitiesFacility ID: 221153 Type: WELL API Number: 075-09279 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 240 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DSND

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 03/05/2018

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Tubing = 240 psi. Casing = 0

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>UIC Routine 2019</u>	<u>schureky</u>	<u>08/06/2019</u>