

FORM INSP Rev 05/11	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES	
FIELD INSPECTION FORM			Inspection Date: <u>10/25/2011</u> Document Number: <u>664000062</u> Overall Inspection: <div style="border: 1px solid red; padding: 2px; display: inline-block;"> Unsatisfactory </div>	
Location Identifier	API Number	Facility ID	Loc ID	Tracking Type
	005-07095	204960	320793	
Facility Name: KRAUS-ALBIN 22-20			Inspector Name: LEONARD, MIKE	

Operator Information:

OGCC Operator Number: 10273 Name of Operator: HRM RESOURCES LLC

Address: 555 17TH STREET #950

City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
PROHASKA, APRIL		aprohaska@hrmresourecs.net	

Compliance Summary:

QtrQtr: SENW Sec: 20 Twp: 5S Range: 63W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/19/2002	200027835	PR	PR	U		F	Y
06/26/1998	500134944	PR	PR			F	Y
10/18/2007	200129006	PR	PR	U			Y

Inspector Comment:

SEE CORRECTIVE ACTION DATES HIGHLIGHTED IN RED

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
204960	WELL	PR	05/13/1998	GW	005-07095

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	NO WELLHEAD SIGN	INSTALL WELLHEAD SIGN	12/30/2011

TANK LABELS/PLACARDS	Satisfactory	NO LABELS ON TANKS OR TREATERS	INSTALL LABELING AS REQUIRED	12/30/2011
BATTERY	Unsatisfactory	REFLECTS GREAT WESTERN AS OPERATOR.ALSO HAS ENCANA SAFETY SIGN	UPDATE SIGN TO REFLECT CURRENT OPERATOR	12/30/2011

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
Produced Water	Tank	> 5 bbls	APPARENT SALT WATER SPILL IN BERMS THAT PERCOLATED THROUGH BERMS NEEDS CLEANED UP	12/30/2011

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	Unsatisfactory	NO BERMS AROUND SEPARATOR	INSTAL BERS AROUND SEPARATOR	12/30/2011
Bird Protectors		Satisfactory			

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	OTHER	FIBERGLASS AST	39.602260,-104.467610

S/U/V: Unsatisfactory Comment: INSTALL LABELS

Corrective Action: NO LABELING UNKNOWN CAPACITY Corrective Date: 11/30/2011

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Earth	Inadequate	Walls Insufficient	Base Insufficient	Inadequate	APPEARS SALT WATER HAS PERCOLATED THROUGH

Corrective Action: REPAIR BERMS TO CONTAIN VOLUME AS REQUIRED Corrective Date: 11/30/2011

Tanks/Berms:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	OTHER	Open Top		
S/U/V:	Unsatisfactory	Comment:			
Corrective Action: INSTALL LABELING				Corrective Date: 11/30/2011	
Paint					
Condition					
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
					SAME AS OIL TANK
Corrective Action				Corrective Date	
Venting:					
Yes/No		Comment			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 320793

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Wildlife BMPs:

Stormwater:

Comment:

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Well

Facility ID: 204960 API Number: 005-07095 Status: PR Insp. Status: PR

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS File: _____

Field Parameters: _____

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized? _____

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____
 Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____
 Debris removed _____ No disturbance /Location never built _____
 Access Roads Regraded _____ Contoured _____ Culverts removed _____
 Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Storm Water:

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

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

COGCC Comments

Comment	User	Date
SEE CORRECTIVE ACTION DATES HIGHLIGHTED IN RED	leonardm	10/25/2011