

**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 |
|----|----|----|----|

Inspection Date:

11/10/2011

Document Number:

664000121

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

|                                    |            |             |                               |               |
|------------------------------------|------------|-------------|-------------------------------|---------------|
| Location Identifier                | API Number | Facility ID | Loc ID                        | Tracking Type |
|                                    | 123-10290  | 242499      | 318928                        |               |
| Facility Name: SERAFINI GAS UNIT 1 |            |             | Inspector Name: LEONARD, MIKE |               |

**Operator Information:**

|                                   |          |                   |                       |
|-----------------------------------|----------|-------------------|-----------------------|
| OGCC Operator Number:             | 39560    | Name of Operator: | TOP OPERATING COMPANY |
| Address: 10881 ASBURY AVE STE 230 |          |                   |                       |
| City:                             | LAKEWOOD | State:            | CO                    |
|                                   |          | Zip:              | 80227                 |

**Contact Information:**

|              |       |                  |         |
|--------------|-------|------------------|---------|
| Contact Name | Phone | Email            | Comment |
|              |       | topoprtn@aol.com |         |

**Compliance Summary:**

| QtrQtr:    | NENE      | Sec:       | 18          | Twp:                         | 2N       | Range:         | 68W             |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 01/09/2007 | 200104536 | PR         | PR          | U                            |          | F              | Y               |
| 01/23/1995 | 500165419 | PR         | PR          |                              |          | P              | N               |
| 02/25/1995 | 500165420 | PR         | PR          |                              |          | P              | N               |
| 04/24/1996 | 500165421 | PR         | PR          |                              |          | P              | N               |
| 04/24/2000 | 200006238 | PR         | PR          | S                            |          | P              | N               |
| 09/17/2007 | 200128614 | PR         | PR          | U                            |          |                | Y               |
| 02/25/1999 | 500165422 | PR         | PR          |                              |          | P              | N               |

**Inspector Comment:**

SEE CORRECTIVE ACTIONS HIGHLIGHTED IN RED

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   |
|-------------|------|--------|-------------|------------|-----------|
| 242499      | WELL | PR     | 02/10/1982  | GW         | 123-10290 |

**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**

|                    |                             |         |                   |      |
|--------------------|-----------------------------|---------|-------------------|------|
| <b>Lease Road:</b> |                             |         |                   |      |
| Type               | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
| ADEQ               |                             |         |                   |      |

|                      |                             |   |  |            |
|----------------------|-----------------------------|---|--|------------|
| <b>Signs/Marker:</b> |                             |   |  |            |
| Type                 | Satisfactory/Unsatisfactory | Comment                                       | Corrective Action                        | CA Date    |
| WELLHEAD             | Satisfactory                |   |  |            |
| BATTERY              | Satisfactory                | SHARED BATTERY FOR SERAFINI 1, SHERWOOD 1&2   |  |            |
| TANK LABELS/PLACARDS | Unsatisfactory              | WATER TANKS AND TREATERS NOT PROPERLY LABELED | INSTALL LABELS AS REQUIRED BY RULE 210 D | 12/30/2011 |

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

|  |      |        |                   |         |
|--|------|--------|-------------------|---------|
| <b>Spills:</b>   |      |        |                   |         |
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

|                             |   |                             |          |                                 |            |
|-----------------------------|---|-----------------------------|----------|---------------------------------|------------|
| <b>Equipment:</b>           |   |                             |          |                                 |            |
| Type                        | # | Satisfactory/Unsatisfactory | Comment  | Corrective Action               | CA Date    |
| Bird Protectors             | 3 | Satisfactory                |          |                                 |            |
| Plunger Lift                |   | Satisfactory                |          |                                 |            |
| Gas Meter Run               | 1 | Satisfactory                |          |                                 |            |
| Horizontal Heated Separator | 3 | Unsatisfactory              | NO BERMS | INSTALL BERMS AROUND SEPARATORS | 01/27/2012 |
| Emission Control Device     | 1 | Satisfactory                |          |                                 |            |

|  |                                      |          |      |                  |            |
|--|--------------------------------------|----------|------|------------------|------------|
| <b>Tanks/Berms:</b> <input type="checkbox"/> New Tank Tank ID: _____ |                                      |          |      |                  |            |
| Contents   | #                                    | Capacity | Type | SE GPS           |            |
| PRODUCED WATER   | 2                                    |          |      |                  |            |
| S/U/V: Unsatisfactory  | Comment: UNKNOWN CAPACITY NOT LABEED |          |      |                  |            |
| Corrective Action:   | LABEL AS REQUIRED                    |          |      | Corrective Date: | 12/30/2011 |

**Paint**

Condition: \_\_\_\_\_

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

|                   |          |                     |                     |                 |         |
|-------------------|----------|---------------------|---------------------|-----------------|---------|
| <b>Berms</b>      |          |                     |                     |                 |         |
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     | Comment |
|                   |          |                     |                     |                 |         |
| Corrective Action |          |                     |                     | Corrective Date |         |

Inspector Name: LEONARD, MIKE

|                        |   |                                   |                     |                       |                                   |
|------------------------|---|-----------------------------------|---------------------|-----------------------|-----------------------------------|
| <b>Tanks/Berms:</b>    |   | <input type="checkbox"/> New Tank |                     | Tank ID: _____        |                                   |
| Contents               | #   | Capacity                          | Type                | SE GPS                |                                   |
| CRUDE OIL              | 3   | 300 BBLS                          | STEEL AST           | 40.143460,-105.040580 |                                   |
| S/U/V:                 | Satisfactory                                |                                   | Comment:            |                       |                                   |
| Corrective Action:     |   |                                   |                     | Corrective Date:      |                                   |
| <b>Paint</b>           |   |                                   |                     |                       |                                   |
| Condition              | Adequate                                    |                                   |                     |                       |                                   |
| Other (Content) _____  |   |                                   |                     |                       |                                   |
| Other (Capacity) _____ |   |                                   |                     |                       |                                   |
| Other (Type) _____     |   |                                   |                     |                       |                                   |
| <b>Berms</b>           |   |                                   |                     |                       |                                   |
| Type                   | Capacity                                    | Permeability (Wall)               | Permeability (Base) | Maintenance           | Comment                           |
| Earth                  | Adequate                                    | Walls Sufficient                  | Base Sufficient     | Inadequate            | WALKOVERS NOT BEING USED          |
| Corrective Action      | REPIAR DAMAGE FROM WALKOVERS NOT BEING USED |                                   |                     |                       | Corrective Date <b>12/30/2011</b> |
| <b>Venting:</b>        |   |                                   |                     |                       |                                   |
| Yes/No                 |   | Comment                           |                     |                       |                                   |
|                        |   |                                   |                     |                       |                                   |
| <b>Flaring:</b>        |   |                                   |                     |                       |                                   |
| Type                   | Satisfactory/Unsatisfactory                 | Comment                           | Corrective Action   | CA Date               |                                   |
|                        |   |                                   |                     |                       |                                   |

**Predrill**

Location ID: 318928

**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: 242499

API Number: 123-10290

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: FARMGROUND

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? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

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

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

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? Pass Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**CroplandTop soil replaced Pass Recontoured Pass Perennial forage re-established PassNon-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

Comment: \_\_\_\_\_

**Final Reclamation/ Abandoned Location:**

Inspector Name: LEONARD, MIKE

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

**COGCC Comments**

| Comment                                  | User     | Date       |
|--|----------|------------|
| SEE CORRECTIVE ACTONS HIGHLIGHTED IN RED | leonardm | 11/10/2011 |