

**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



| | | | |
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| DE | ET | OE | ES |
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Inspection Date:

11/28/2011

Document Number:

663900136

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>208284</u> | <u>321870</u> | | <u>QUINT, CRAIG</u> |

Operator Information:OGCC Operator Number: 51065 Name of Operator: LOEB LLC* HERMAN LAddress: P O BOX 838City: LAWRENCEVILLE State: IL Zip: 62439**Contact Information:**

| Contact Name | Phone | Email | Comment |
|---------------|------------------|---------------------|--------------|
| Pelton, Shane | 719-767-8987 off | spelton62@yahoo.com | 719-340-8987 |

Compliance Summary:

| QtrQtr: <u>NENE</u> | Sec: <u>26</u> | Twp: <u>16S</u> | Range: <u>42W</u> | | | | |
|---------------------|----------------|-----------------|-------------------|------------------------------|----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 04/28/1995 | 500140332 | PR | PR | | | P | Y |
| 02/28/2011 | 200298343 | PR | PR | U | | | Y |
| 08/14/1997 | 500140334 | PR | PR | | | P | N |
| 02/17/2010 | 200232008 | PR | PR | S | | | N |
| 01/09/2003 | 200033918 | PR | PR | S | | P | N |
| 06/08/2009 | 200212118 | PR | PR | U | | | Y |
| 11/22/1996 | 500140333 | PR | PR | | | P | N |
| 07/26/1999 | 873173 | PR | PR | S | I | P | N |
| 02/01/2007 | 200103848 | PR | PR | U | | F | Y |

Inspector Comment:

CENTRAL BATTERY FOR KRISS #2 & #3.

Related Facilities:**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

| Lease Road: | | | | |
|--------------------|-----------------------------|----------------------------------|-------------------|------|
| Type | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
| ADEQ | Satisfactory | GRAVEL ROAD THROUGH FARM GROUND. | | |

| Signs/Marker: | | | | |
|----------------------|-----------------------------|---|-------------------|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Unsatisfactory | WELL SIGN FADED, HARD TO READ, WITHOUT EMERGENCY CONTACT NUMBER | REPLACE SIGN. | 02/28/2012 |
| TANK LABELS/PLACARDS | Satisfactory | | | |
| BATTERY | Satisfactory | CENTRAL BATTERY SIGN WITH ASSOCIATED WELLS. | | |

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 02/28/2012

Comment: EMERGENCY CONTACT NUMBER IS ON BATTERY SIGN BUT NOT ON WELL SIGN, WELL SIGN IS FADED AND HARD TO READ FROM 10'.

Corrective Action: REPLACE WELL SIGN AND ADD EMERGENCY NUMBER.

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

| Fencing/: | | | | |
|------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | Satisfactory | | | |

| Equipment: | | | | | |
|-------------------------|---|-----------------------------|---|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Prime Mover | 1 | Satisfactory | ELEC MOTOR | | |
| Veritcal Heater Treater | 1 | Satisfactory | WITH TREATER HOUSE. AND MANIFOLD WHERE 2ND TREATER WAS. | | |
| Ancillary equipment | 5 | Satisfactory | CATHOTIC RECTIFIER, ELEC PANEL, CEMENT PAD. ELEC PANELS AND TRANSFORMER AT WELL ENTRANCE. PROPANE TANK @ TREATER. | | |
| Gas Meter Run | 1 | Satisfactory | | | |
| Pump Jack | 1 | Satisfactory | 320 LUFKIN ON CEMENT PAD | | |

Inspector Name: QUINT, CRAIG

| | | | | | |
|------------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|---------------------------|
| Tanks/Berms: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | 200 BBLS | Open Top | 38.641420,-102.088270 | |
| S/U/V: | Satisfactory | | Comment: | | |
| Corrective Action: | | | | Corrective Date: | |
| <u>Paint</u> | | | | | |
| Condition | Adequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) _____ | | | | | |
| Other (Type) _____ | | | | | |
| <u>Berms</u> | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | Comment |
| | | | | | |
| Corrective Action | | | | Corrective Date | |
| Tanks/Berms: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CRUDE OIL | 4 | 400 BBLS | STEEL AST | 38.641420,-102.088270 | |
| S/U/V: | Satisfactory | | Comment: | | |
| Corrective Action: | | | | Corrective Date: | |
| <u>Paint</u> | | | | | |
| Condition | Adequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) _____ | | | | | |
| Other (Type) _____ | | | | | |
| <u>Berms</u> | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | Comment |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | WILL NEED ATTENTION SOON. |
| Corrective Action | | | | Corrective Date | |
| <u>Venting:</u> | | | | | |
| Yes/No | | Comment | | | |
| NO | | | | | |
| <u>Flaring:</u> | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 321870

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:

Data retrieval failed for the subreport, 'rptInsp11',

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:

Inspector Name: QUINT, CRAIG

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 ? 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

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: UNUSED AREAS OF THE LOCATION ARE FARMED.

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Inspector Name: QUINT, CRAIG

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Gravel | Pass | | | |

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

Comment:

CA: