

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

Inspection Date:

12/01/2011

Document Number:

663900176

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>208568</u> | <u>321928</u> | | <u>QUINT, CRAIG</u> |

Operator Information:OGCC Operator Number: 74250 Name of Operator: RESOURCES DEVELOPMENT TECHNOLOGY LLCAddress: 7175 W JEFFERSON STE 1200City: LAKEWOOD State: CO Zip: 80235**Contact Information:**

| Contact Name | Phone | Email | Comment |
|--------------|--------------|------------------------|---------|
| Bowman, Tom | 303-716-3200 | tombowman@usermail.com | |

Compliance Summary:QtrQtr: SWNW Sec: 31 Twp: 14S Range: 44W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 01/05/1996 | 500140908 | DG | DG | | | P | N |
| 05/19/1999 | 500140911 | PR | PR | | | P | N |
| 09/05/2008 | 200195640 | PR | PR | S | | | N |
| 12/19/1995 | 500140906 | CC | DG | | | P | N |
| 01/06/2010 | 200226289 | PR | PR | S | | | N |
| 11/07/1997 | 500140910 | PR | PR | | | P | N |
| 01/18/2007 | 200102740 | PR | PR | S | | P | N |
| 03/14/1996 | 500140909 | PR | PR | | | P | Y |
| 07/08/2009 | 200214867 | PR | PR | S | | | N |
| 12/28/1995 | 500140907 | DG | DG | | | P | N |
| 02/18/2011 | 200297427 | PR | PR | S | | | N |

Inspector Comment:

CENTRAL BATTERY 4550' EAST.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 208568 | WELL | PR | 02/06/1996 | OW | 017-07503 | HOFFMAN 8 | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: QUINT, CRAIG

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 | SLIGHTLY ELEVATED GRAVEL ROAD. | | |

| | | | | |
|----------------------|-----------------------------|--------------------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | WELL SIGN BY UNIT. | | |

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

Comment: _____

Corrective Action: _____

| | | | | |
|---------------------------|-----------------------------|---|------------------------|------------|
| Good Housekeeping: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| STORAGE OF SUPL | Satisfactory | PUMP JACK WIEGHTS STORED BY UNIT. | | |
| UNUSED EQUIPMENT | Unsatisfactory | UNUSED SRUBBER BY WELLHEAD, FENCE POSTS & WIRE. | REMOVE UNUSED MATERIAL | 03/01/2012 |

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

| | | | | | |
|---------------------|---|-----------------------------|---|-----------------------|------------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Prime Mover | 1 | Satisfactory | ARROW GAS ENGINE. | | |
| Pump Jack | 1 | Satisfactory | 320 LUFKIN | | |
| Ancillary equipment | 5 | Unsatisfactory | CATHOTIC GENERATOR, CATHOTIC RECTIFIER, GAS SCRUBBER, 2-55 GAL CHEMICAL TANKS WITHOUT CONTAINMENTS. | INSTALL CONTAINMENTS. | 03/01/2012 |

| | | |
|-----------------|---------|--|
| Venting: | | |
| Yes/No | Comment | |
| | | |

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

Predrill

Location ID: 321928

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: 208568 API Number: 017-07503 Status: PR Insp. Status: PR

Environmental**Spills/Releases:**

Inspector Name: QUINT, CRAIG

| | | |
|-----------------------------------|--------------------|-------------------------------|
| 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: | | Lat _____ | Long _____ |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ | _____ |

| |
|--------------------------|
| 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? <u>Pass</u> | CM _____ |
| | CA _____ | CA Date _____ |
| | Waste Material Onsite? <u>Pass</u> | CM _____ |
| | CA _____ | CA Date _____ |
| | Unused or unneeded equipment onsite? <u>Pass</u> | CM _____ |
| | CA _____ | CA Date _____ |
| | Pit, cellars, rat holes and other bores closed? <u>Pass</u> | 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? <u>Pass</u> | Production areas stabilized ? <u>Pass</u> |
|--------|------------------------------------|---|

| | |
|--------|---|
| 1003c. | Compacted areas have been cross ripped? _____ |
|--------|---|

| | | |
|--------|----------------------------------|---|
| 1003d. | Drilling pit closed? <u>Pass</u> | Subsidence over on drill pit? <u>Pass</u> |
|--------|----------------------------------|---|

| |
|----------------------------|
| Cuttings management: _____ |
|----------------------------|

| | |
|--------|---|
| 1003e. | Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>Pass</u> |
|--------|---|

| | |
|--|--|
| Production areas have been stabilized? <u>Pass</u> | Segregated soils have been replaced? <u>Pass</u> |
|--|--|

RESTORATION AND REVEGETATION

Cropland

Inspector Name: QUINT, CRAIG

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OF THE LOCATION ARE CRP GRASS.

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | MHSP | Fail | |

S/U/V: Unsatisfactory Corrective Date: 03/01/2012

Comment: 2-55 GAL CHEMICAL TANKS WITHOUT CONTAINMENTS.

CA: INSTALL CONTAINMENTS.