

FORM INSP <small>Rev 05/11</small>	State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</small>		DE	ET	OE	ES
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FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>QUINT, CRAIG</u>
	<u>208579</u>	<u>321933</u>		

Inspection Date:
12/01/2011

Document Number:
663900180

Overall Inspection:
Unsatisfactory

Operator Information:

OGCC Operator Number: 74250 Name of Operator: RESOURCES DEVELOPMENT TECHNOLOGY LLC

Address: 7175 W JEFFERSON STE 1200

City: LAKEWOOD State: CO Zip: 80235

Contact Information:

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

Compliance Summary:

QtrQtr: SWSW Sec: 30 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)
11/07/1997	500140941	PR	PR			P	N
06/14/1996	500140935	PR	PR			P	N
09/05/2008	200195643	PR	PR	S			N
07/08/2009	200214875	PR	PR	S			N
01/04/2007	200102231	PR	PR	S		P	N
04/22/1996	500140934	DG	DG			P	N
04/12/1996	500140933	DG	DG			P	N
01/06/2010	200226278	PR	PR	S			N
05/19/1999	500140942	PR	PR			P	N
02/18/2011	200297410	PR	PR	S			N

Inspector Comment:

CENTRAL BATTERY 1050' SE.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
208579	WELL	PR	05/24/1996	OW	017-07514	STATE 2-30 <input checked="" type="checkbox"/>

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	ELEVATED GRAVELED 2 TRACK THROUGH PASTURE.			
Signs/Marker:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
WELLHEAD	Unsatisfactory	WELL SIGN BY UNIT WITH PREVIOUS OPERATOR AND NO EMERGENCY CONTACT NUMBER	UPDATE SIGN TO CURRENT OPERATOR WITH EMERGENCY CONTACT NUMBER.	03/01/2012	
Emergency Contact Number: (S/U/V) <u>Unsatisfactory</u> Corrective Date: <u>03/01/2012</u>					
Comment: <u>NO CONTACT NUMBER</u>					
Corrective Action: <u>UPDATE SIGN WITH EMERGENCY CONTACT NUMBER.</u>					
Good Housekeeping:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
DEBRIS	Unsatisfactory	USED BARRELS ONE IN FIELD.	REMOVE AND DISPOSE OF BARRELS.	03/01/2012	
Spills:					
Type	Area	Volume	Corrective action	CA Date	
<input type="checkbox"/> Multiple Spills and Releases?					
Fencing/:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
PUMP JACK	Unsatisfactory	UNIT PARTIALLY FENCED WITH STEEL PANELS, REST ARE STACKED ON THE GROUND.	FINISH INSTALLING PANELS OR REMOVE.	03/01/2012	
Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Prime Mover	1	Satisfactory	ELEC MOTOR		
Pump Jack	1	Satisfactory	228 LUFKIN		
Ancillary equipment		Unsatisfactory	ELEC PANEL, CATHOTIC RECTIFIER, CHEMICAL BARREL WITHOUT CONTAINMENT.	INSTALL CONTAINMENT	03/01/2012
Venting:					
Yes/No	Comment				

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 321933

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: 208579 API Number: 017-07514 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: _____ 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? 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? Pass

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

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

