

**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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Inspection Date:

07/28/2011

Document Number:

662300038

Overall Inspection:

Violation**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>232758</u>	<u>316766</u>		<u>NEIDEL, KRIS</u>

Operator Information:

OGCC Operator Number:	<u>100125</u>	Name of Operator:	<u>G3 OPERATING LLC</u>
Address:	<u>475 17TH ST STE 1210</u>		
City:	<u>DENVER</u>	State:	<u>CO</u>
		Zip:	<u>80202</u>

Contact Information:

Contact Name	Phone	Email	Comment
muniz, tim		tmuniz@g3operating.com	
herbison, lacy	(303) 297-2028	lherbison@g3operating.com	

Compliance Summary:

QtrQtr:	<u>NENE</u>	Sec:	<u>23</u>	Twp:	<u>7N</u>	Range:	<u>87W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/07/2011	662300003	PR	PR	U			
07/27/2005	200076376	PR	PR	S		P	N

Inspector Comment:

Noav was issued, dov #200327812

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
232758	WELL	PR	02/09/1991		107-06173	PEOC-NVG 41-23H	<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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Unsatisfactory	Labels of tanks inside containment are not in compliance.	Label all tanks per rule 210.d.	12/07/2011
BATTERY	Unsatisfactory	sign not current operator.	Install sign to comply with rule 210.b.	12/07/2011

Inspector Name: NEIDEL, KRIS

Emergency Contact Number: (S/U/V) Unsatisfactory

Corrective Date: 12/07/2011

Comment: Emergency contact number not on sign.

Corrective Action: Install sign with emergency contact number.

Spills:

Type	Area	Volume	Corrective action	CA Date
Lube Oil	Pump Jack	<= 5 bbls	clean/remove soil and oil off pumpjack	12/07/2011
Crude Oil	WELLHEAD	<= 5 bbls	clean/remove soil at wellhead	12/07/2011

☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Heated Separator	1	Satisfactory			

Tanks/Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	4	400 BBLS	STEEL AST	,

S/U/V: Unsatisfactory Comment: Label all tanks per rule 210.d.

Corrective Action: unknown what is in tanks, no labels.

Corrective Date: 12/07/2011

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Sufficient	Base Sufficient	Inadequate

Corrective Action: Repair Berms on all tanks per rule 604.a.(4).

Corrective Date: 12/07/2011

Comment: Berms on tanks are eroded, not being maintained in good condition (600 series rules).

Venting:

Yes/No Comment

YES Venting of gas (through tank exhaust). Submit sundry for venting of gas.

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 316766

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: 232758 API Number: 107-06173 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 : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Inspector Name: NEIDEL, KRIS

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? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ 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? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

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

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? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: NEIDEL, KRIS

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 _____

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
S/U/V: _____ Corrective Date: _____						
Comment: _____						
CA: _____						