

**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:

12/19/2011

Document Number:

664000224

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|--------------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: <u>LEONARD, MIKE</u> |
| | <u>420013</u> | <u>419944</u> | | |

Operator Information:OGCC Operator Number: 10276 Name of Operator: PINE RIDGE OIL & GAS LLCAddress: 600 17TH ST STE 800SCity: DENVERState: COZip: 80202**Contact Information:**

| Contact Name | Phone | Email | Comment |
|----------------|----------------|-------------------------------------|-------------------------|
| McCarthy, John | (303) 266-1300 | John.McCarty@cometridgeresoures.com | VP Operations |
| Hasty, Tim | (303) 226-1300 | thhasty@gmail.com | pumper |
| Felman, Moe | (303) 266-1300 | Moe.felman@cometridgeresources.com | Sr. Operations Engineer |

Compliance Summary:QtrQtr: SWNW Sec: 28 Twp: 19S Range: 69W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 03/15/2011 | 200301691 | DG | ND | S | | | N |
| 05/02/2011 | 200310216 | PR | PR | S | | | N |
| 04/15/2011 | 200308074 | DG | DG | S | | | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------------------------------|
| 420013 | WELL | PR | 06/14/2011 | | 043-06201 | MACKINAW 12-28 | <input checked="" type="checkbox"/> |
| 421870 | PIT | | 03/03/2011 | | - | MACKINAW 12-28 | <input checked="" type="checkbox"/> |
| 425150 | WELL | XX | 08/31/2011 | | 043-06211 | King 12-28 | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

| | | | |
|---------------------------------|-------------------------|---------------------|---------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>2</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: <u>1</u> |
| Gas or Diesel Mortors: <u>1</u> | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: <u>2</u> |
| Electric Generators: _____ | Gas Pipeline: _____ | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: _____ | Oil Tanks: <u>4</u> | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location

Inspector Name: LEONARD, MIKE

| Signs/Marker: | | | | |
|----------------------|-----------------------------|---|---|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | Unsatisfactory | NO CAPACITY, CONTENTS OR NFPA LABELS ON TANKS | Install sign to comply with rule 210.b. | 02/29/2012 |
| WELLHEAD | Unsatisfactory | SIGN ON KING WELL READS MACKINAW | Install sign to comply with rule 210.b. | 02/29/2012 |

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

Comment: _____

Corrective Action: _____

Spills:

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

| Fencing/: | | | | |
|------------------|-----------------------------|-------------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| LOCATION | Satisfactory | BARBED WIRE | | |
| PIT | Satisfactory | | | |

| Equipment: | | | | | |
|--------------------|---|-----------------------------|----------------|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Deadman # & Marked | 5 | Satisfactory | | | |
| Pump Jack | 2 | Satisfactory | | | |
| Prime Mover | 2 | Satisfactory | ELECTRIC MOTOR | | |

Tanks/Berms: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|-----------|---|----------|-----------|-----------------------|
| CRUDE OIL | 2 | 500 BBLS | STEEL AST | 38.368030,-105.122510 |

S/U/V: Satisfactory Comment: PORTABLE TANKS. ONE TANK FOR EACH WELL

Corrective Action: _____ Corrective Date: _____

Paint

| | |
|-----------|-------|
| Condition | _____ |
|-----------|-------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

| | |
|--------|---------|
| Yes/No | Comment |
| | |

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

Predrill

Location ID: 419944

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|-------|----------|--|------------|
| OGLA | koepsear | All pits must be lined or a closed loop system used. | 10/04/2010 |
| OGLA | koepsear | Due to the likely hood of oil being received in the pit and exceeding 10,000 ppm TPH an approved Pit Permit (Form 15) will be required prior to pit construction. The form 15 shall include a pit management plan. | 07/20/2011 |

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: 420013 | API Number: 043-06201 | Status: PR | Insp. Status: PR |
| Facility ID: 421870 | API Number: - | Status: _____ | Insp. Status: _____ |
| Facility ID: 425150 | API Number: 043-06211 | Status: XX | Insp. Status: PR |

Environmental**Spills/Releases:**

Inspector Name: LEONARD, MIKE

| | | |
|-----------------------------------|------------------------------|-------------------------------|
| 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: RANGELAND, RESIDENTIAL | |
| 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? <u>Pass</u> | 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? _____ 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

Inspector Name: LEONARD, MIKE

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: RANGELAND, RESIDENTIAL

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 _____

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: _____

Pits:

Inspector Name: LEONARD, MIKE

Pit Type: Skimming/Settling Lined: YES Pit ID: 421870 Lat: 38.368320 Long: -105.122280

Lining:

Liner Type: HDPE Liner Condition: Adequate

Comment: _____

Fencing:

Fencing Type: Panel Fencing Condition: Adequate

Comment: _____

Netting:

Netting Type: Fence/Net Netting Condition: Good

Comment: _____

Anchor Trench Present: YES Oil Accumulation: YES 2+ feet Freeboard: _____

Pit (S/U/V): Satisfactory Comment: _____

Corrective Action: _____ Date: _____

| | | | |
|---------|-------------|------------|-----------------|
| Permit: | Facility ID | Permit Num | Expiration Date |
| | 421870 | 2524522 | |

| | | |
|-------------|-----------------|---------|
| Monitoring: | Monitoring Type | Comment |
| | Other | ROPE |