


FORM INSP <small>Rev 05/11</small>	State of Colorado				DE	ET	OE	ES
	Oil and Gas Conservation Commission				Inspection Date: <u>02/27/2012</u>			
<small>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</small>								

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>QUINT, CRAIG</u>
	<u>257925</u>	<u>324891</u>		

Document Number: 663900668

Overall Inspection: Satisfactory

Operator Information:

OGCC Operator Number: 81480 Name of Operator: THOMAS L SPRING LLC

Address: 7400 E ORCHARD RD STE 2000

City: GREENWOOD State: CO Zip: 80111

Contact Information:

Contact Name	Phone	Email	Comment
<u>Springs, Tom</u>	<u>303-771-1889 off</u>	<u>T1spring@aol.com</u>	

Compliance Summary:

QtrQtr: NESW Sec: 21 Twp: 20S Range: 48W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
<u>12/09/2010</u>	<u>200289079</u>	<u>PR</u>	<u>PR</u>	<u>S</u>			<u>N</u>
<u>08/20/2008</u>	<u>200194117</u>	<u>PR</u>	<u>SI</u>	<u>S</u>			<u>N</u>
<u>11/02/2007</u>	<u>200121500</u>	<u>PR</u>	<u>PR</u>	<u>S</u>			<u>N</u>
<u>10/04/2007</u>	<u>200120167</u>	<u>PR</u>	<u>PR</u>	<u>U</u>			<u>Y</u>
<u>06/13/2007</u>	<u>200112893</u>	<u>PR</u>	<u>PR</u>	<u>U</u>		<u>F</u>	<u>Y</u>
<u>01/08/2007</u>	<u>200102860</u>	<u>PR</u>	<u>PR</u>	<u>U</u>		<u>F</u>	<u>Y</u>
<u>10/06/2005</u>	<u>200098984</u>	<u>RT</u>	<u>AO</u>	<u>S</u>	<u>I</u>	<u>F</u>	<u>Y</u>

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
<u>257925</u>	<u>WELL</u>	<u>PR</u>	<u>07/27/2000</u>	<u>LO</u>	<u>061-06765</u>	<u>LAKESIDE 1-21</u>	<input checked="" type="checkbox"/>
<u>259150</u>	<u>LEASE</u>	<u>PR</u>	<u>01/22/2001</u>		<u>-</u>	<u>LAKESIDE 1-21</u>	<input type="checkbox"/>
<u>324891</u>	<u>LOCATION</u>	<u>AC</u>	<u>04/14/2009</u>		<u>-</u>	<u>LAKESIDE-620S48W 21NESW</u>	<input 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
Access	Satisfactory	2 TRACK THROUGH PASTURE		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory	STICKERS ON TANK		
BATTERY	Satisfactory	LEASE SIGN BY SEPARATOR		

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
SEPARATOR	Satisfactory	STEEL PIPE AROUND SEPARATOR AND GMR		
WELLHEAD	Satisfactory	STEEL PIPE AROUND WELLHEAD		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	1	Satisfactory			
Ancillary equipment	1	Unsatisfactory	METHANOL BARREL W/O CONTAINMENT	REMOVE BARREL OR INSTALL CONTAINMENT	05/27/2012
Gas Meter Run	1	Satisfactory			
Horizontal Separator	1	Satisfactory			

Tanks/Berms:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	200 BBLS	Open Top	38.302710,-102.794460	
S/U/V:	Satisfactory	Comment:	250BBL OPEN TOP FIBERGLASS TANK W/ADEQUATE WILDLIFE SCREENING.		
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	WILL NEED ATTENTION SOON.				
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 324891

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: 257925 API Number: 061-06765 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: _____

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

1003 f. Weeds Noxious weeds? _____ P _____

Comment: UNUSED AREAS OF THE LOCATION ARE COVERED W/GRASS AND NATURAL VEGETATION.

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: QUINT, CRAIG

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
Other	Pass	Compaction	Pass	MHSP	Fail	

S/U/V: Unsatisfactory Corrective Date: 05/27/2012

Comment: METHANOL BARREL W/O CONTAINMENT

CA: REMOVE BARREL OR INSTALL CONTAINMENT.