

**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 |
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Inspection Date:

03/06/2012

Document Number:

661600823

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                      |
|---------------------|---------------|---------------|---------------|----------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:      |
|                     | <u>421877</u> | <u>421878</u> |               | <u>MONTOYA, JOHN</u> |

**Operator Information:**OGCC Operator Number: 27742 Name of Operator: EOG RESOURCES INCAddress: 600 17TH ST STE 1100NCity: DENVERState: COZip: 80202**Contact Information:**

| Contact Name     | Phone        | Email                            | Comment |
|------------------|--------------|----------------------------------|---------|
| Gardner, Kaylene | 435-781-9111 | kaylene_gardner@eogresources.com |         |

**Compliance Summary:**QtrQtr: NWNE Sec: 16 Twp: 11N Range: 63W**Inspector Comment:****Related Facilities:**

| Facility ID | Type     | Status | Status Date | Well Class | API Num   | Facility Name        |                                     |
|-------------|----------|--------|-------------|------------|-----------|----------------------|-------------------------------------|
| 421877      | WELL     | PR     | 09/14/2011  |            | 123-33103 | Critter Creek 34-16H | <input checked="" type="checkbox"/> |
| 421878      | LOCATION | AC     | 03/04/2011  |            | -         | Critter Creek 34-16H | <input type="checkbox"/>            |

**Equipment:****Location Inventory**

|                               |                         |                        |                         |
|-------------------------------|-------------------------|------------------------|-------------------------|
| Special Purpose Pits: _____   | Drilling Pits: <u>1</u> | Wells: <u>1</u>        | Production Pits: _____  |
| Condensate Tanks: _____       | Water Tanks: <u>2</u>   | Separators: <u>2</u>   | Electric Motors: _____  |
| Gas or Diesel Motors: _____   | Cavity Pumps: <u>2</u>  | LACT Unit: <u>1</u>    | Pump Jacks: <u>1</u>    |
| Electric Generators: <u>1</u> | Gas Pipeline: <u>1</u>  | Oil Pipeline: <u>1</u> | Water Pipeline: _____   |
| Gas Compressors: _____        | VOC Combustor: <u>1</u> | Oil Tanks: <u>5</u>    | Dehydrator Units: _____ |
| Multi-Well Pits: _____        | Pigging Station: _____  | Flare: <u>1</u>        | Fuel Tanks: _____       |

**Location****Signs/Marker:**

| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|---------|-------------------|---------|
| WELLHEAD             | Satisfactory                |         |                   |         |
| CONTAINERS           | Satisfactory                |         |                   |         |
| BATTERY              | Satisfactory                |         |                   |         |
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |

Emergency Contact Number: (S/U/V) \_\_\_\_\_

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

|   |                             |                             |   |                   |         |
|---|-----------------------------|-----------------------------|---|-------------------|---------|
| <b>Spills:</b>  |                             |                             |   |                   |         |
| Type  | Area                        | Volume                      | Corrective action   | CA Date           |         |
| <input type="checkbox"/> Multiple Spills and Releases?                  |                             |                             |   |                   |         |
| <b>Fencing/:</b>  |                             |                             |   |                   |         |
| Type  | Satisfactory/Unsatisfactory | Comment                     | Corrective Action   | CA Date           |         |
| PUMP JACK   | Satisfactory                |                             |   |                   |         |
| LOCATION  | Satisfactory                |                             |   |                   |         |
| <b>Equipment:</b>   |                             |                             |   |                   |         |
| Type  | #                           | Satisfactory/Unsatisfactory | Comment   | Corrective Action | CA Date |
| Flare   | 1                           | Satisfactory                |   |                   |         |
| Horizontal Heater Treater   | 1                           | Satisfactory                |   |                   |         |
| Vertical Separator  | 1                           | Satisfactory                |   |                   |         |
| Ancillary equipment   | 4                           | Satisfactory                | propane tank, generator, recycle pump, ambitrol storage tank OK |                   |         |
| Veritcal Heater Treater   | 1                           | Satisfactory                |   |                   |         |
| Pump Jack   | 1                           | Satisfactory                |   |                   |         |
| Gas Meter Run   | 1                           | Satisfactory                |   |                   |         |
| Emission Control Device   | 1                           | Satisfactory                |   |                   |         |
| <b>Tanks/Berms:</b> <input type="checkbox"/> New Tank    Tank ID: _____ |                             |                             |   |                   |         |
| Contents  | #                           | Capacity                    | Type  | SE GPS            |         |
| PRODUCED WATER  | 2                           | 400 BBLS                    | STEEL AST   | ,                 |         |
| S/U/V:  | Comment:                    |                             |   |                   |         |
| Corrective Action:  |                             |                             |   | Corrective Date:  |         |
| <b>Paint</b>  |                             |                             |   |                   |         |
| Condition   | Adequate                    |                             |   |                   |         |
| Other (Content)   | _____                       |                             |   |                   |         |
| Other (Capacity)  | _____                       |                             |   |                   |         |
| Other (Type)  | _____                       |                             |   |                   |         |
| <b>Berms</b>  |                             |                             |   |                   |         |
| Type  | Capacity                    | Permeability (Wall)         | Permeability (Base)   | Maintenance       |         |
| Earth   | Adequate                    | Walls Sufficent             | Base Sufficent  | Adequate          |         |
| Corrective Action   |                             |                             |   | Corrective Date   |         |
| Comment   |                             |                             |   |                   |         |

**Tanks/Berms:** ☐ New Tank Tank ID: \_\_\_\_\_

|           |   |          |           |                       |
|-----------|---|----------|-----------|-----------------------|
| Contents  | # | Capacity | Type      | SE GPS                |
| CRUDE OIL | 6 | 400 BBLS | STEEL AST | 40.928860,-104.434150 |

|                    |  |                  |  |
|--------------------|--|------------------|--|
| S/U/V:             |  | Comment:         |  |
| Corrective Action: |  | Corrective Date: |  |

Paint

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

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           |  |                 |  |

|                        |         |  |
|------------------------|---------|--|
| <b><u>Venting:</u></b> |         |  |
| Yes/No                 | Comment |  |
| YES                    |         |  |

|                        |                             |         |                   |         |
|------------------------|-----------------------------|---------|-------------------|---------|
| <b><u>Flaring:</u></b> |                             |         |                   |         |
| Type                   | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Field Flare            |                             |         |                   |         |

**Predrill**

Location ID: 421878

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****Wildlife BMPs:**

| BMP Type                    | Comment   |
|-----------------------------|---|
| Storm Water/Erosion Control | EOG will implement a storm water & erosion control plan to prevent sedimentation and erosion. |

**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: 421877 API Number: 123-33103 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:**

Inspector Name: MONTOYA, JOHN

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

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: \_\_\_\_\_

Inspector Name: MONTOYA, JOHN

Final Land Use: RANGELAND

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: