

**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:

03/20/2012

Document Number:

668400043

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier: 222080 Facility ID: 312646 Loc ID: Tracking Type: Inspector Name: BROWNING, CHUCK

Operator Information:OGCC Operator Number: 53255 Name of Operator: MARALEX RESOURCES, INCAddress: P O BOX 338City: IGNACIO State: CO Zip: 81137**Contact Information:**

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Graves, Jim	970-858-8550	mrinc20@qwestofficenet	Operations Manager
Baker, Debbie	970-563-4000	dbaker@maralexinc.com	

Compliance Summary:QtrQtr: NENE Sec: 10 Twp: 9S Range: 98W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/26/2004	200053747	PR	PR	U		P	N

Inspector Comment:

See NOAV Doc# 200344201

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
112437	PIT		09/23/1999		-	SULFUR GULCH 9-98-10 1	<input type="checkbox"/>
222080	WELL	PR	02/08/1995		077-08682	SULFUR GULCH 9-98-10 #1	<input checked="" type="checkbox"/>
312646	LOCATION	AC	04/14/2009		-	SULFUR GULCH 9-98-10-69S98W 10NENE	<input type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: Drilling Pits: Wells: Production Pits:
 Condensate Tanks: Water Tanks: Separators: Electric Motors:
 Gas or Diesel Motors: 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
WELLHEAD	Unsatisfactory		Install sign to comply with rule 210.b.	<u>06/30/2012</u>

Inspector Name: BROWNING, CHUCK

TANK LABELS/PLACARDS	Unsatisfactory		Install sign to comply with rule 210.b.	06/30/2012
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Emergency Contact Number: (S/U/V) Unsatisfactory

Corrective Date: 06/30/2012

Comment:

Corrective Action: Install sign to comply with rule 210.b.

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory		Comply with rule 603.j & 1003.f.	06/30/2012

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PIT	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Dehydrator	1	Unsatisfactory	weeds	Comply with rules 603.j & 1003.f	06/30/2012
Pump Jack	1	Unsatisfactory	weeds	Comply with rules 603.j & 1003.f	06/30/2012
Horizontal Heated Separator	1	Unsatisfactory	weeds	Comply with rules 603.j & 1003.f	06/30/2012

Tanks/Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
S/U/V: Unsatisfactory	Comment:			
Corrective Action:	Comply with rules 210			Corrective Date: 06/30/2012

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Insufficient	Inadequate
Corrective Action	Comply with rules 604.a.(4)			Corrective Date: 06/30/2012
Comment				

Venting:

Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312646

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: 222080 API Number: 077-08682 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: 06/30/2012

CA: Well must be either: 1) Put on production or 2) Per COGCC Rule 326.b.(1) a mechanical integrity test shall be performed on each shut-in well within two (2) years of the initial shut-in date or 3) Be properly plugged and abandoned. Shut-in and temporarily abandoned wells must be properly reported on COGCC Form 7, Operator's Monthly Production Report.

Comment: Well has been shut in since 2009.

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: BROWNING, CHUCK

Comment: <input style="width: 700px;" type="text"/>			
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:			
<input style="width: 300px;" type="text"/>			
Sample Location: <input style="width: 400px;" type="text"/>			
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? Pass 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? _____

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

RESTORATION AND REVEGETATION

Cropland

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

Inspector Name: BROWNING, CHUCK

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation Fail

1003 f. Weeds Noxious weeds? F

Comment: Comply with rule 1003.a

Overall Interim Reclamation Fail

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: _____

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: Satisfactory

Corrective Date: _____

Comment: _____

CA: _____

Pits:

Inspector Name: BROWNING, CHUCK

Pit Type: Blowdown Lined: NO Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: Safety Fencing Condition: Adequate

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

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

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

Corrective Action: Date: _____