


FORM INSP Rev 05/11	State of Colorado				DE	ET	OE	ES	
	Oil and Gas Conservation Commission				Inspection Date: <u>04/16/2012</u>				
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109								Document Number: <u>664000479</u>	

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LEONARD, MIKE</u>
	<u>224405</u>	<u>313544</u>		

Overall Inspection:
Unsatisfactory

Operator Information:

OGCC Operator Number: <u>56680</u>	Name of Operator: <u>MERRION OIL & GAS CORP</u>
Address: <u>610 REILLY AVENUE</u>	
City: <u>FARMINGTON</u>	State: <u>NM</u> Zip: <u>87401</u>

Contact Information:

Contact Name	Phone	Email	Comment
Dunn, Steven	(505) 324-5312	sdunn@merrion.bz	Operations Manager
Thompson, Philana	(505) 324-5336	pthompson@merrion.bz	REGULATORY SPECIALIST
Schneebeck, Kathy	(303) 820-4480	kathys@banko1.com	REGULATORY MANAGER

Compliance Summary:

QtrQtr: <u>SWSE</u>	Sec: <u>25</u>	Twp: <u>39N</u>	Range: <u>19W</u>
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Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/02/1999	500155176	PR	PR			P	N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
224405	WELL	PR	08/04/2003		083-06470	LANIER FARMS 34-25 1	<input checked="" type="checkbox"/>
313544	LOCATION	AC	04/14/2009		-	LANIER FARMS 34-25-N39N19W 25SWSE	<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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Unsatisfactory	LABEL ALL TANKS AND SEPARATOR	Install sign to comply with rule 210.b.	05/31/2012
WELLHEAD	Satisfactory			

Inspector Name: LEONARD, MIKE

Emergency Contact Number: (S/U/V) _____ Violation _____ Corrective Date: 05/31/2012

Comment: NO POSTED NUMBER

Corrective Action: POST 24 HOUR EMERGENCY CONTACT NUMBER FOR OPERATOR

Spills:

Type	Area	Volume	Corrective action	CA Date
Crude Oil	Tank	<= 5 bbls	CLEAN UP STAINED SOIL AROUND TANKS	06/30/2012

Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Pump Jack	1	Satisfactory	NOT IN USE		
Ancillary equipment	1	Satisfactory	PROPANE TANK		
Plunger Lift	1	Satisfactory			
Deadman # & Marked		Unsatisfactory	ONLY ONE DEADMAN MARKED	MARK ALL DEADMEN	06/30/2012
Horizontal Heated Separator	1	Satisfactory	NEEDS LABELS		
Prime Mover	1	Satisfactory	NOT IN USE		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	FIBERGLASS AST	,

S/U/V: Satisfactory Comment: SAME BERRMS AS OIL TANKS

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	400 BBLS	Open Top	,

S/U/V: Unsatisfactory Comment: _____

Corrective Action: CLEAN OIL FROM STAIRS AND TANK Corrective Date: 06/30/2012

Paint

Condition: _____

Other (Content) UNKNOWN

Other (Capacity) _____

Other (Type) APPEARS TO BE VENT TANK

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action: _____ Corrective Date: _____

Comment: _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	400 BBLS	STEEL AST	37.604020, -108.892840

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition: Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action: RAISE BERMS Corrective Date: 06/30/2012

Comment: LOCATION SLOPES TO NORTH BERMS TOO LOW TO CONTAIN

Venting:

Yes/No: NO Comment: _____

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 313544

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Comment: _____

CA: _____ **Date:** _____

Wildlife BMPs:

Comment: _____

CA: _____ **Date:** _____

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: 224405 API Number: 083-06470 Status: PR Insp. Status: PR

Data retrieval failed for the subreport 'Subreport9' located at: \\dardensterling\cFarmPa
Data retrieval failed for the subreport 'Subreport10' located at: \\dardensterling\cFarmP

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:

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: _____

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? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Fail CM _____

CA mark all deadmen CA Date 06/30/2012

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? _____ 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 Pass

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation Pass

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
		Gravel	Pass			
Compaction	Pass	Compaction	Pass	MHSP	Pass	

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____