

**FORM INSP**  
Rev 05/11

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



|    |    |    |    |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date: 05/18/2012  
Document Number: 656500240  
Overall Inspection: **Unsatisfactory**

**FIELD INSPECTION FORM**

|                     |             |        |               |                                 |
|---------------------|-------------|--------|---------------|---------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: HELGELAND, GARY |
|                     | 220634      | 390108 |               |                                 |

**Operator Information:**

OGCC Operator Number: 97065 Name of Operator: WINSLOW RESOURCES INC  
Address: 2840 BERRY LANE  
City: GOLDEN State: CO Zip: 80401

**Contact Information:**

| Contact Name     | Phone        | Email               | Comment   |
|------------------|--------------|---------------------|-----------|
| WINSLOW, DAVID G | 303-279-1629 | davewinslow1@cs.com | PRESIDENT |

**Compliance Summary:**

QtrQtr: NESE Sec: 28 Twp: 11N Range: 53W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|---------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 08/10/1988 | 277303  | HR         | PA          | S                            | P        | P              | N               |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name |
|-------------|------|--------|-------------|------------|-----------|---------------|
| 220634      | WELL | PA     | 10/27/1987  | OW         | 075-08758 | PROPST 4      |

**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**

Emergency Contact Number: (S/U/V) \_\_\_\_\_ Corrective Date: \_\_\_\_\_  
Comment: \_\_\_\_\_  
Corrective Action: \_\_\_\_\_

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

Multiple Spills and Releases?

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

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

**Predrill**

Location ID: 390108

**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:**

|              |         |            |         |
|--------------|---------|------------|---------|
| Erosion BMPs | Present | Other BMPs | Present |
|              |         |            |         |

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

Comments: Erosion BMPs: \_\_\_\_\_  
 Other BMPs: \_\_\_\_\_

**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:

\_\_\_\_\_

| <b>Facility</b>            |                   |                              |                   |                         |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|
| Facility ID: <u>220634</u> | Type: <u>WELL</u> | API Number: <u>075-08758</u> | Status: <u>PA</u> | Insp. Status: <u>PA</u> |

| <b>Environmental</b>                               |                              |                               |
|--|------------------------------|-------------------------------|
| <b>Spills/Releases:</b>                            |                              |                               |
| Type of Spill: _____                               | Description: _____           | Estimated Spill Volume: _____ |
| Comment: <input style="width: 100%;" type="text"/> |                              |                               |
| Corrective Action: _____                           |                              | Date: _____                   |
| Reportable: _____                                  | GPS: Lat _____               | Long _____                    |
| Proximity to Surface Water: _____                  | Depth to Ground Water: _____ |                               |

|                        |                   |             |       |
|------------------------|-------------------|-------------|-------|
| <b>Water Well:</b>     |                   | Lat         | Long  |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ | _____ |

|  |
|--|
| <b>Field Parameters:</b>                                   |
| <input style="width: 100%;" type="text"/>                  |
| Sample Location: <input style="width: 100%;" type="text"/> |

|   |
|---|
| Emission Control Burner (ECB): _____                            |
| Comment: _____  |
| Pilot: _____ Wildlife Protection Devices (fired vessels): _____ |

| <b>Reclamation - Storm Water - Pit</b> |
|--|
|--|

|   |   |
|---|---|
| <b>Interim Reclamation:</b>   |   |
| Date Interim Reclamation Started: _____                               | Date Interim Reclamation Completed: _____ |
| Land Use: _____   |   |
| Comment: <input style="width: 100%;" type="text"/>                    |   |
| 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: \_\_\_\_\_

Final Land Use: \_\_\_\_\_

Reminder: \_\_\_\_\_

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

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled Pass

Debris removed Pass No disturbance /Location never built \_\_\_\_\_

Access Roads Regraded Pass Contoured Pass Culverts removed Pass

Gravel removed Pass

Location and associated production facilities reclaimed Pass Locations, facilities, roads, recontoured Fail

Compaction alleviation Pass Dust and erosion control Fail

Non cropland: Revegetated 80% Fail Cropland: perennial forage \_\_\_\_\_

Weeds present Pass Subsidence Pass

Comment: Poor re-contouring. Erosion and poor re-growth at location.

Corrective Action: Re-contour, repair erosion and seed with appropriate species. Date 06/22/2012

Overall Final Reclamation Fail

**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: \_\_\_\_\_