

**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:

08/13/2012

Document Number:

663300403

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>280793</u>	<u>316889</u>		<u>SCHURE, KYM</u>

Operator Information:OGCC Operator Number: 710 Name of Operator: AEON ENERGY CORPAddress: 7551 W ALAMEDA AVE STE 402City: LAKEWOOD State: CO Zip: 80226**Contact Information:**

Contact Name	Phone	Email	Comment
ONYSKIW, DENISE		denise.onyskiw@state.co.us	
Snyder, Barry		aeonco@aol.com	

Compliance Summary:QtrQtr: SWNE Sec: 1 Twp: 11N Range: 47W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/05/2011	200309735	RT	AC	U			Y
07/13/2010	200262937	RT	AC	S			N
06/05/2009	200211695	RT	AC	S			N
04/23/2008	200130641	RT	AC	S			N
08/10/2007	200117859	MI	PD	S			N

Inspector Comment:

5yr. UIC/MIT inspection: Pressure before test -1, Pressure at start of test 400psi., pressure at 5min. 400psi., pressure at 10min. 400psi., pressure at 15min. 400psi. Loss or gain -0-.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
280793	WELL	IJ	08/28/2007	DSPW	115-06062	HV RANCH 32-1	<input checked="" 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: _____

LocationEmergency Contact Number: (S/U/V) _____

Corrective Date: _____

Comment: _____

Inspector Name: SCHURE, KYM

Corrective Action:

Spills:

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

☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment
--------	---------

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
------	-----------------------------	---------	-------------------	---------

Predrill

Location ID: 316889

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:****Facility**

Facility ID: 280793 Type: WELL API Number: 115-06062 Status: IJ Insp. Status: IJ

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: LKTA

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/10/2012

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: Pass

Comment: Pressure before test -1, Pressure at start 400psi., pressure at 5min. 400psi., pressure at 10min. 400psi., pressure at 15min. 400psi. Loss or gain -0-.

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? In 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?	In	Production areas stabilized ?	In
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?	
In	In	In	In

RESTORATION AND REVEGETATION

Cropland

Top soil replaced	Recontoured	Perennial forage re-established

Non-Cropland

Top soil replaced	Recontoured	80% Revegetation
In	Pass	In

1003 f. Weeds Noxious weeds?

I

Comment:

Date Final Reclamation Started: _____		Date Final Reclamation Completed: _____	
Final Land Use: _____			
Reminder: _____			
Comment: <div style="border: 1px solid black; height: 30px;"></div>			
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: <div style="border: 1px solid black; height: 30px;"></div>			
Corrective Action: <div style="border: 1px solid black; height: 30px;"></div>			Date _____
Overall Final Reclamation _____		Multi-Well Location <input type="checkbox"/>	

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Inspector Name: SCHURE, KYM

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____