

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



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Inspection Date:
09/17/2012

Document Number:
663901647

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>205860</u>	<u>321048</u>		<u>QUINT, CRAIG</u>

Operator Information:

OGCC Operator Number: 66565 Name of Operator: P & M PETROLEUM MANAGEMENT LLC
 Address: 518 17TH ST STE 1105
 City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
ASH, MARGARET		margaret.ash@state.co.us	
LEONARD, MIKE		mike.leonard@state.co.us	
Neibauer, Ed	(303) 260-7129	pmpetroleum@msn.com	

Compliance Summary:

QtrQtr: NWSE Sec: 19 Twp: 31S Range: 41W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/15/2011	200304570	PR	PR	U			Y
08/09/2010	200266457	PR	PR	U			Y
03/19/2008	200128691	PR	PR	U			Y
01/03/2001	200013007	PR	PR	S	I	P	N
01/14/2000	200003086	PR	PR	S		P	N
03/11/1999	500136085	PR	PR			P	N
02/09/1998	500136084	PR	PR			P	N
01/17/1997	500136083	PR	PR				N
02/17/1996	500136082	PR	PR			P	Y

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
205860	WELL	PR	05/24/2007	GW	009-06275	NEWLIN 1	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

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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

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	DIRT ROAD ON EDGE OF FARM GROUND		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Unsatisfactory	SIGN DOES NOT INDICATE CURRENT OPERATOR.	(4TH NOTICE) Install sign to comply with rule 210.b.	10/17/2012

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 10/17/2012
 Comment: NO VISIBLE EMERGENCY CONTACT NUMBERS
 Corrective Action: INSTALL EMERGENCY CONTACT NUMBERS.

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory	SOME EQUIPMENT AND LOCATION OVERGROWN WITH WEEDS.	(4TH NOTICE) REMOVE AND CONTROL WEEDS.	10/17/2012

Spills:

Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Satisfactory	STEEL PANELS AROUND SEPARATOR		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	Satisfactory			
Bird Protectors	1	Satisfactory	ON SEPARATOR STACK		
Ancillary equipment	1	Satisfactory	TELEMETRY EQUIPMENT		
Gas Meter Run	1	Satisfactory			
Vertical Separator	1	Satisfactory	VGS 50% BURIED.		

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 321048

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: 205860 Type: WELL API Number: 009-06275 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

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? 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? _____ CM _____
CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

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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? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OF THE LOCATION ARE FARMED.

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 _____ Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Pass	Compaction	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
663901673	sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=2988515

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663901674	weed 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=2988516
663901675	weed 2	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=2988517
663901676	weed 3	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=2988518