

FORM  
INSPRev  
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:

09/21/2012

Document Number:

663400882

Overall Inspection:

**Unsatisfactory**

## FIELD INSPECTION FORM

|                     |             |        |               |                 |
|---------------------|-------------|--------|---------------|-----------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
|                     | 204781      | 320748 |               | EDELEN, RANDY   |

**Operator Information:**

OGCC Operator Number: 19035 Name of Operator: OVERLAND RESOURCES LLC

Address: 1376 S PERRY PARK RD

City: SEDALIA State: CO Zip: 80135

**Contact Information:**

| Contact Name     | Phone          | Email                          | Comment |
|------------------|----------------|--------------------------------|---------|
| Anderson, Robert | (303) 800-6175 | admin@overlandresourcesllc.com |         |

**Compliance Summary:**

QtrQtr: SESW Sec: 16 Twp: 5S Range: 62W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 01/09/2010 | 200236275 | PR         | PR          | U                            |          |                | Y               |
| 10/12/2007 | 200127283 | PR         | PR          | U                            |          |                | Y               |
| 06/14/2006 | 200095495 | PR         | PR          | S                            |          | F              | N               |
| 03/22/1996 | 500134766 | PR         | PR          |                              |          | F              | Y               |

**Inspector Comment:**

Shut in well

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    |                                     |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------------------------------|
| 204781      | WELL | PR     | 02/25/1984  |            | 005-06866 | STATE-CRAIG 2-16 | <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 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****Lease Road:**

| Type   | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|---------|-------------------|------|
| Access | Satisfactory                |         |                   |      |

|                      |                             |         |                   |         |
|----------------------|-----------------------------|---------|-------------------|---------|
| <b>Signs/Marker:</b> |                             |         |                   |         |
| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD             | Satisfactory                |         |                   |         |

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

Comment: Verified

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

|                           |                             |   |  |            |
|---------------------------|-----------------------------|---|--|------------|
| <b>Good Housekeeping:</b> |                             |   |  |            |
| Type                      | Satisfactory/Unsatisfactory | Comment   | Corrective Action                        | CA Date    |
| STORAGE OF SUPL           | Unsatisfactory              | Buckets and other equipment stored on locationUnused anchors laying on ground | Remove all unused supplies and equipment | 10/31/2012 |

|                |           |           |  |            |
|----------------|-----------|-----------|--|------------|
| <b>Spills:</b> |           |           |  |            |
| Type           | Area      | Volume    | Corrective action                              | CA Date    |
| Crude Oil      | WELLHEAD  | <= 5 bbls | Remove or remediate all stained soil           | 10/31/2012 |
| Lube Oil       | Pump Jack | <= 5 bbls | Remove all stained soil around the prime mover | 10/31/2012 |

☒ Multiple Spills and Releases?

|                 |                             |         |                   |         |
|-----------------|-----------------------------|---------|-------------------|---------|
| <b>Fencing:</b> |                             |         |                   |         |
| Type            | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| PUMP JACK       | Satisfactory                |         |                   |         |

|                    |   |                             |         |                               |            |
|--------------------|---|-----------------------------|---------|-------------------------------|------------|
| <b>Equipment:</b>  |   |                             |         |                               |            |
| Type               | # | Satisfactory/Unsatisfactory | Comment | Corrective Action             | CA Date    |
| Deadman # & Marked | 4 | Satisfactory                |         |                               |            |
| Pump Jack          | 1 | Satisfactory                |         |                               |            |
| Flow Line          | 1 | Unsatisfactory              | Leaking | Repair and maintain equipment | 10/31/2012 |
| Prime Mover        | 1 | Unsatisfactory              | Leaking | Repair and maintain equipment | 10/31/2012 |

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

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

**Predrill**

Location ID: 320748

**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: 204781 Type: WELL API Number: 005-06866 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: FLOWLINE AVAILABLE-CONNECTED

S/V: Satisfactory CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

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

**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? \_\_\_\_\_ 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? 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? PassProduction areas stabilized ? Pass

Inspector Name: EDELEN, RANDY

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? Pass                      Segregated soils have been replaced? \_\_\_\_\_

#### RESTORATION AND REVEGETATION

##### Cropland

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

##### Non-Cropland

Top soil replaced \_\_\_\_\_                      Recontoured \_\_\_\_\_                      80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? P

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 \_\_\_\_\_ Multi-Well Location ☐

#### 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: \_\_\_\_\_