

**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:

10/10/2012

Document Number:

669400159

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>216156</u>	<u>326277</u>		<u>LABOWSKIE, STEVE</u>

Operator Information:OGCC Operator Number: 30680 Name of Operator: FOUR STAR OIL & GAS COMPANYAddress: 1400 SMITH STREET - ROOM 44195City: HOUSTON State: TX Zip: 77002**Contact Information:**

Contact Name	Phone	Email	Comment
Pohl, April		april.pohl@chevron.com	San Juan Basin contact

Compliance Summary:

QtrQtr: <u>SENW</u>	Sec: <u>5</u>	Twp: <u>34N</u>	Range: <u>8W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/05/2010	200265324	PR	PR	S			N
06/20/2006	200099645	PR	PR	S		P	N
06/28/2004	200058342	PR	PR	S		P	N
09/09/2002	200032138	PR	PR	S		P	N
12/05/2000	200012904	PR	PR	S		P	N
11/07/2000	200012108	PR	PR	S		P	N
09/14/1999	500150118	PR	PR			P	N
11/10/1997	500150117	PR	PR			P	N
10/18/1996	500150116	PR	PR			F	Y
10/10/1995	500150115	PR	PR				N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
216156	WELL	PR	05/10/1992	GW	067-07762	HILL 5-2	<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: _____

Location**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
CONTAINERS	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Pig Station	1				
Ancillary equipment	1		AC transformer		
Prime Mover	1	Satisfactory	elec./hydraulic		
Horizontal Heated Separator	1				
Flow Line	1				
Deadman # & Marked	4		SE anchor needs new marker		
Bird Protectors	1				
Ancillary equipment	4		risers associated with recently removed equipment		
Ancillary equipment	1		solar panel		
Pump Jack	1	Satisfactory	sound walls on north side		

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
LUBE OIL	1	OTHER	STEEL AST	,	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action:					Corrective Date: _____
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Other	Adequate			Adequate	
Corrective Action					Corrective Date: _____
Comment _____					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	OTHER	PBV STEEL	,	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action:					Corrective Date: _____
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 95 bbls. _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action					Corrective Date: _____
Comment _____					
Venting:					
Yes/No		Comment _____			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 326277

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: 216156 Type: WELL API Number: 067-07762 Status: PR Insp. Status: PR

Producing Well

Comment:

Environmental**Spills/Releases:**

Inspector Name: LABOWSKIE, STEVE

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: in between cropland and scrub, good revegetation off graveled pad, recent construction on non-cropland side of disturbance.

1003a.	Debris removed? <u>Pass</u>	CM _____	CA _____	CA Date _____
	Waste Material Onsite? <u>Pass</u>	CM _____	CA _____	CA Date _____
	Unused or unneeded equipment onsite? <u>Pass</u>	CM _____	CA _____	CA Date _____
	Pit, cellars, rat holes and other bores closed? <u>Pass</u>	CM _____	CA _____	CA Date _____
	Guy line anchors removed? _____	CM _____	CA _____	CA Date _____
	Guy line anchors marked? <u>Pass</u>	CM _____	CA _____	CA Date _____

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

1003c. Compacted areas have been cross ripped? Pass

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? Pass

RESTORATION AND REVEGETATION

Inspector Name: LABOWSKIE, STEVE

Cropland

Top soil replaced Pass

Recontoured Pass

Perennial forage re-established In

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? I

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
Compaction	Pass					
Gravel	Pass			MHSP	Pass	good spill prevention on lube tank

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____