

**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:

10/17/2012

Document Number:

668200205

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LEONARD, MIKE</u>
	<u>208986</u>	<u>322109</u>		

Operator Information:OGCC Operator Number: 10343 Name of Operator: QEP ENERGY COMPANYAddress: 1050 17TH STREET - SUITE 500City: DENVERState: COZip: 80265**Contact Information:**

Contact Name	Phone	Email	Comment
Maez, Leonard	(970) 564-1699/ (806) 435-0529	leonard.maez@qepres.com	Production Foreman (Cortez)
CHESSON, BOB		robert.chesson@state.co.us	
Maez, Leonard	(970) 564-1699/ (806) 435-0529	leonard.maez@qepres.com	Production Foreman (Cortez)
SCHOEPFLIN, SHARON		sharon.schoepflin@state.co.us	

Compliance Summary:QtrQtr: SESW Sec: 36 Twp: 39N Range: 20W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/05/2011	200306650	PR	PR	S			N
08/13/2010	200274601	PR	PR	S			N

Inspector Comment:PIT HAS OPEN TOP STEEL TANK INSTALLED IN IT. OPERATOR NEEDS CHANGED TO QEP AND UPDATE STATUS.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
208986	WELL	PR	09/21/2001	GW	033-06091	SPARGO 1-36	<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

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory	WILL NEED MAINTENANCE SOON		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Unsatisfactory	NFPA AND CONTENTS LABELS IN PLACE NEED CAPACITY LABELS	Install sign to comply with rule 210.d.	12/31/2012
WELLHEAD	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Satisfactory	MINOE AMOUNT OF DRIED WEES TO REMOVE AT SE CORNER OF TANK BERMS		

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PIT	Unsatisfactory	OPEN TOP STEEL TANK IN PIT	REPAIR FENCE	11/30/2012

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Prime Mover	1	Satisfactory	NATURAL GAS ENGINE		
Compressor	1	Satisfactory			
Dehydrator	1	Satisfactory			
Gas Meter Run	2	Satisfactory			
Deadman # & Marked	4	Satisfactory			
Horizontal Heater Treater	1	Satisfactory			
Pump Jack	1	Satisfactory	STANDARD		

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
OTHER	1	400 BBLS	HEATED STEEL AST	,
S/U/V:	Unsatisfactory		Comment: SAME BERMS AS OIL TANKS	
Corrective Action: PAINT AS REQUIRED			Corrective Date: _____	

Paint

Condition	Adequate
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Other (Content) FRESH WATER

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	_____	Corrective Date	_____
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Comment	_____
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Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	,
S/U/V:	Satisfactory		Comment: SAME BERMS AS OIL TANKS	
Corrective Action:			Corrective Date: _____	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	_____	Corrective Date	_____
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Comment	_____
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Inspector Name: LEONARD, MIKE

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	OTHER	STEEL AST	37.593110,-109.006830	
S/U/V:	Unsatisfactory	Comment: BOLTED TANKS			
Corrective Action: PAINT TANKS AS REQUIRED				Corrective Date: 06/30/2013	
Paint					
Condition	Inadequate				
Other (Content) _____					
Other (Capacity) UNKNOWN NOT LABELED					
Other (Type) _____					
Berms					
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: 322109

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: 208986 Type: WELL API Number: 033-06091 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

Environmental**Spills/Releases:**

Inspector Name: LEONARD, MIKE

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? 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? Pass CM _____ CA _____ CA Date _____

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

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? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Inspector Name: LEONARD, MIKE

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
Compaction	Pass	Compaction		MHSP	Pass	
Berms	Pass			MHSP	Fail	SMALL CHEMICAL TANK HAS NO BMP'S
Gravel	Pass					

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: INSTALL BMP'S AT SMALL CHEMICAL TANK

Pits:

Pit Type: Evaporation	Lined:	Pit ID: 105822	Lat: 37.592880	Long: -109.007490
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Liner Type: _____ Liner Condition: _____

Comment:

Fencing Type: Livestock Fencing Condition: Inadequate

Comment: REAIR FENCE

Netting Type: Metal Grid Netting Condition:

Comment:

Anchor Trench Present: Oil Accumulation: 2+ feet Freeboard:

Pit (S/U/V): Unsatisfactory Comment: PIT HAS STEEL TANK PLACED IN IT. OWNERSHIP OF PIT NEEDS CHANGED TO QEP

Corrective Action: REPAIR FENCE, CHANGE OWNERSHIP AND UPDATE STATUS Date: 12/31/2012