

**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:  
10/23/2012

Document Number:  
668400753

Overall Inspection:

**Violation**

**FIELD INSPECTION FORM**

|                     |               |               |               |  |
|---------------------|---------------|---------------|---------------|--|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name: <u>BROWNING, CHUCK</u> |
|                     | <u>273495</u> | <u>334314</u> |               |  |

**Operator Information:**

|  |   |
|--|---|
| OGCC Operator Number: <u>10332</u>     | Name of Operator: <u>PATARA OIL &amp; GAS LLC</u> |
| Address: <u>600 17TH STREET #1900S</u> |   |
| City: <u>DENVER</u>                    | State: <u>CO</u> Zip: <u>80202</u>                |

**Contact Information:**

| Contact Name    | Phone        | Email                      | Comment         |
|-----------------|--------------|----------------------------|-----------------|
| Foote, Dee      | 970-864-7597 | dfoote@pataraog.com        | Field Foreman   |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

**Compliance Summary:**

|                     |                |                 |                   |
|---------------------|----------------|-----------------|-------------------|
| QtrQtr: <u>NWNW</u> | Sec: <u>36</u> | Twp: <u>45N</u> | Range: <u>15W</u> |
|---------------------|----------------|-----------------|-------------------|

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 02/10/2010 | 200231081 | PR         | PR          | S                            |          |                | N               |
| 03/16/2005 | 200068754 | DG         | WO          | S                            |          | P              | N               |

**Inspector Comment:**

2-Wellheads, 2-separators, 3-Meters, 1-400 bbl steel tank w/ earth berms & 2-400 bbl steel tanks w/ metal berms. 3 Abandoned locations associated w/ pad (permit exp. 2006 & 2008). 1-Well (113-06157) shut in 2/2010. Submit Form 42 (Corrective Actions Complete) electronically in eForm after operator has completed field abatement/corrective actions required herein

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name              |   |
|-------------|------|--------|-------------|------------|-----------|----------------------------|---|
| 273495      | WELL | PR     | 10/09/2008  | GW         | 113-06157 | HAMILTON CREEK STATE 36-11 | X |
| 277944      | WELL | PR     | 05/04/2005  | LO         | 113-06183 | HC STATE 36-12-45-15       | X |
| 278600      | WELL | AL     | 02/06/2007  | LO         | 113-06198 | HC FED 26-44-45-15         | X |
| 278601      | WELL | AL     | 02/06/2007  | LO         | 113-06197 | HC FED 25-42-45-15         | X |
| 278602      | WELL | AL     | 03/17/2008  | LO         | 113-06196 | HC FED 35-24-45-15         | X |

**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**

| <b>Lease Road:</b> |                             |         |                   |      |
|--------------------|-----------------------------|---------|-------------------|------|
| Type               | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
| Main               | Satisfactory                |         |                   |      |
| Access             | Satisfactory                |         |                   |      |

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

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

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

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

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

| <b>Fencing/:</b> |                             |             |                   |         |
|------------------|-----------------------------|-------------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment     | Corrective Action | CA Date |
| WELLHEAD         | Satisfactory                | Panel fence |                   |         |
| LOCATION         | Satisfactory                | Barbed wire |                   |         |

| <b>Equipment:</b>           |   |                             |                |                   |         |
|-----------------------------|---|-----------------------------|----------------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment        | Corrective Action | CA Date |
| Horizontal Heated Separator | 2 | Satisfactory                |                |                   |         |
| Gas Meter Run               | 3 | Satisfactory                | 1 disconnected |                   |         |

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

| Contents | # | Capacity | Type      | SE GPS                |
|----------|---|----------|-----------|-----------------------|
| OTHER    | 1 | 400 BBLS | STEEL AST | 38.114820,-108.479610 |

S/U/V: Satisfactory Comment: \_\_\_\_\_

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

**Paint**

Condition: \_\_\_\_\_

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) labeled freshwater

**Berms**

| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |

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

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

|                    |                             |                                   |                     |                       |  |
|--------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|--|
| <b>Facilities:</b> |                             | <input type="checkbox"/> New Tank | Tank ID: _____      |                       |  |
| Contents           | #                           | Capacity                          | Type                | SE GPS                |  |
| PRODUCED WATER     | 2                           | 400 BBLS                          | STEEL AST           | 38.115490,-108.479460 |  |
| S/U/V:             | Satisfactory                | Comment:                          |                     |                       |  |
| Corrective Action: |                             |                                   |                     | Corrective Date:      |  |
| <b>Paint</b>       |                             |                                   |                     |                       |  |
| Condition          | Adequate                    |                                   |                     |                       |  |
| Other (Content)    | _____                       |                                   |                     |                       |  |
| Other (Capacity)   | _____                       |                                   |                     |                       |  |
| Other (Type)       | _____                       |                                   |                     |                       |  |
| <b>Berms</b>       |                             |                                   |                     |                       |  |
| Type               | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance           |  |
| Metal              | Adequate                    | Walls Sufficient                  | Base Sufficient     | Adequate              |  |
| Corrective Action  |                             |                                   |                     | Corrective Date       |  |
| Comment            |                             |                                   |                     |                       |  |
| <b>Venting:</b>    |                             |                                   |                     |                       |  |
| Yes/No             | Comment                     |                                   |                     |                       |  |
| NO                 |                             |                                   |                     |                       |  |
| <b>Flaring:</b>    |                             |                                   |                     |                       |  |
| Type               | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date               |  |
|                    |                             |                                   |                     |                       |  |

**Predrill**

Location ID: 334314

**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: 273495 Type: WELL API Number: 113-06157 Status: PR Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: EQUIPMENT ONSITE

S/V: Violation

CA Date: 04/30/2013

CA: Well must be either: 1) Put on production or 2) Per COGCC Rule 326.b.(1) a successful mechanical integrity test shall be performed on each shut-in well within two (2) years of the initial shut-in date or 3) Be properly plugged and abandoned. Shut-in and temporarily abandoned wells must be properly reported on COGCC Form 7, Operator's Monthly Production Report.

Comment: Well shut in 2/2010

Facility ID: 277944 Type: WELL API Number: 113-06183 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Facility ID: 278600 Type: WELL API Number: 113-06198 Status: AL Insp. Status: AL

Facility ID: 278601 Type: WELL API Number: 113-06197 Status: AL Insp. Status: AL

Facility ID: 278602 Type: WELL API Number: 113-06196 Status: AL Insp. Status: AL

**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? 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? 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? \_\_\_\_\_

RESTORATION AND REVEGETATION

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

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

1003 f. Weeds Noxious weeds? P

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

Overall Interim Reclamation In Process

**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

| <b>Storm Water:</b> |                 |                         |                       |               |                          |         |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs    | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Gravel              | Pass            | Gravel                  | Pass                  | MHSP          | Pass                     |         |

S/U/V: Satisfactory                      Corrective Date: \_\_\_\_\_

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

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