

**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>273495</u> | <u>334314</u> |               | <u>BROWNING, CHUCK</u> |

**Operator Information:**OGCC Operator Number: 10332 Name of Operator: PATARA OIL & GAS LLCAddress: 600 17TH STREET #1900SCity: DENVERState: COZip: 80202**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: NWNW Sec: 36 Twp: 45N Range: 15W

| 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**

Inspector Name: BROWNING, CHUCK

|                    |                             |         |                   |      |
|--------------------|-----------------------------|---------|-------------------|------|
| <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 |                   |         |

|   |              |                |           |                        |  |
|---|--------------|----------------|-----------|------------------------|--|
| <b>Facilities:</b> <input type="checkbox"/> 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:**

DWR Receipt Num: Owner Name: GPS: 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 ☐

Inspector Name: BROWNING, CHUCK

|   |                 |                         |                       |               |                          |         |
|---|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| <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: _____   |                 |                         |                       |               |                          |         |