


FORM INSP Rev 05/11	State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small>		DE	ET	OE	ES
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FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num:
	258154	331060	HICKEY, MIKE		

Inspection Date:
03/15/2013

Document Number:
667601212

Overall Inspection:
Unsatisfactory

Operator Information:

OGCC Operator Number: 39560 Name of Operator: TOP OPERATING COMPANY

Address: 10881 ASBURY AVE STE 230

City: LAKEWOOD State: CO Zip: 80227

Contact Information:

Contact Name	Phone	Email	Comment
Herring, Debora		toporting@aol.com	
Herring, Paul	303-727-9915	paul.herring@topoperating.com	

Compliance Summary:

QtrQtr: NESE Sec: 7 Twp: 2N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/10/2012	661601709			U			N
07/10/2012	661601708			S			N
07/09/2012	661601691			U			N
04/02/2007	200111989	PR	PR	U		F	Y
11/29/2001	200021942	SR	AL	S	P	P	N

Inspector Comment:

Follow up inspection of API #05-123-20093, Evans #6. Previous unsatisfactory inspection noted ineffective emergency contact number, and the need for surface remediation at the wellhead. The number posted at the wellhead was answered at 11:50 AM and surface roughening visible around the wellhead indicates recent remediation activities, though no new growth is visible at this time. Oil drips at the wellhead require attention.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
258154	WELL	PR	11/05/2012	GW	123-20093	EVANS 6 <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			
BATTERY	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Unsatisfactory		Remove cement bag, leftover cement, and traffic cone from location.	03/29/2013

Spills:				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	WELLHEAD	<= 5 bbls	Clean up oil drips at the wellhead.	03/29/2013

Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Plunger Lift	1	Satisfactory			
Bird Protectors	2	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	1	300 BBLS	STEEL AST	40.150880,105.032650	
S/U/V:	Satisfactory	Comment:			
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate	Walls Sufficient	Base Sufficient	Inadequate	
Corrective Action	Restore worn down berms.			Corrective Date	03/29/2013
Comment	_____				
Venting:					
Yes/No	Comment				
NO	_____				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 331060

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: 258154 Type: WELL API Number: 123-20093 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Environmental

Spills/Releases:

Inspector Name: HICKEY, 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: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200121226	RECLAMATI ON	PRECUP, JIM	JIM PRECUP WAS CONTACTED BY DAN WOLFORD ON 9/19/2007 CONCERNING RECLAMATION PROBLEMS ON THE EVANS-6. MR WOLFORD HAD PREVIOUSLY SET UP A MEETING WITH MURRAY HERRING ON JUNE 15, 2007 TO DISCUSS RECLAMATION ISSUES. MR HERRING CANCELLED THE MEETING ON JUNE 14, 2007. MR WOLFORD HAD BEEN UNABLE TO CONTACT THEM FOR FURTHER DIALOGUE CONCERNING THIS PROBLEM. THE CITY OF LONGMONT HAD SPRAYED AND MOWED THE WELLSITE ON TWO OCCASIONS. THEY ALSO NEEDED TO TALK TO TOP OPERATIING ABOUT REMEDIATION OF PRAIRIE DOGS ON THE WELLSITE. THE CITY HAD DECIDED TO PLACE A WALKING TRAIL THROUGH THE WELLSITE. MR WOLFORD ASKED THE COGCC TO ASSIST HIM IN CONTACTING TOP OPERATING.	10/30/2007

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? Fail CM _____
 CA Remove leftover parts at the wellhead. CA Date 03/29/2013
 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? _____ CM _____
 CA _____ CA Date _____

Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ 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? _____ Subsidence over on drill pit? _____
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In
 Production areas have been stabilized? Fail Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Fail

1003 f. Weeds Noxious weeds? P

Comment:

Overall Interim Reclamation Fail

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
Seeding	Fail	Gravel	Pass			

Inspector Name: HICKEY, MIKE

S/U/V: **Unsatisfactory**

Corrective Date: **03/29/2013**

Comment:

CA: **Revegetate area outside the access road.**