

**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
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Inspection Date:

04/04/2013

Document Number:

668300010

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	201380	319787	JOHNSON, RANDELL	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10098 Name of Operator: ENERVEST OPERATING LLC

Address: 1001 FANNIN ST STE 800

City: HOUSTON State: TX Zip: 77002

Contact Information:

Contact Name	Phone	Email	Comment
ARDOIN, ELROY		EArdoin@EnerVest.net	ENERVEST OPERATIONS

Compliance Summary:

QtrQtr: NENE	Sec: 18	Twp: 1S	Range: 65W				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/02/2006	200083756	PR	AO	S		P	N
06/02/1999	500131508	PR	PR			P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
201380	WELL	PR	03/31/2008	OW	001-06783	PUTNAM 41-18	<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 Motors: _____	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			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Unsatisfactory	Horizontal heated separator needs an NFPA sign Vertical separator needs an NFPA sign Plastic tank needs and NFPA, capacity and contents signs	Install signs to comply with rule 210.d.	05/04/2013
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

Spills:				
Type	Area	Volume	Corrective action	CA Date
PW/CO	Tank	<= 5 bbls	Repair manway leak on crude oil tank Remove or remediate impacted soil beneath manway	05/04/2013
PW/CO	WELLHEAD	<= 5 bbls	Repair or replace leaking valves on wellhead Remove or remediate impacted soil underneath leaking valves on wellhead	05/04/2013
PW/CO	Separator	<= 5 bbls	Repair or replace leaking valves on horizontal heated separator Remove or remediate impacted soil underneath horizontal heated separator	05/04/2013

☒ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Satisfactory	Pipe fence around horizontal heated separator		
SEPARATOR	Satisfactory	Pipe fence around vertical separator, plastic tank and 2 meter runs		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	1	Satisfactory			
Vertical Separator	1	Unsatisfactory		Need berms around separator	05/04/2013
Gas Meter Run	3	Satisfactory			
Bird Protectors	1	Satisfactory			
Pig Station	1	Satisfactory			
Horizontal Heated Separator	1	Unsatisfactory		Need berms around separator	05/04/2013

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
OTHER	1	OTHER	PLASTIC AST	39.969540,-104.700680
S/U/V:	Unsatisfactory		Comment: Plastic tank needs NFPA, contents and capacity identification labels/markings.	
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
Other	Inadequate	Walls Insufficient	Base Sufficient	Inadequate

Corrective Action	Need berms around plastic tank.	Corrective Date	05/04/2013
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Comment	No berms around plastic tank.
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Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	39.969400,-104.700340

S/U/V:	Satisfactory	Comment:	Tank is painted silver.
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Corrective Action:	Tank needs to be painted with uniform, non-contrasting, non-reflective color tones and with colors matched to but slightly darker than the surrounding landscape.	Corrective Date:	
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Paint

Condition	Inadequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action		Corrective Date	
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Comment	
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Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 319787

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: 201380 Type: WELL API Number: 001-06783 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: _____

Comment: Producing intermittently

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? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

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

Inspector Name: JOHNSON, RANDELL

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass 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? 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 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
Other	Pass	Gravel	Pass			Vegetation
Compaction	Pass	Compaction	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____