

<b>FORM INSP</b> Rev 05/11	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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:  
04/25/2013

Document Number:  
668600685

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

Location Identifier	Facility ID <u>212608</u>	Loc ID <u>324789</u>	Inspector Name: <u>QUINT, CRAIG</u>	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
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**Operator Information:**

OGCC Operator Number: 95620 Name of Operator: WESTERN OPERATING COMPANY

Address: 518 17TH ST STE 200

City: DENVER State: CO Zip: 80202

**Contact Information:**

Contact Name	Phone	Email	Comment
Hart, Dale	719-688-1638 cell	dalehartwoc@fairpoint.net	

**Compliance Summary:**

QtrQtr: NWSE Sec: 5 Twp: 19S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/06/2011	200310051	RT	AC	S			N
04/12/2010	200242417	RT	AC	S			N
06/17/2009	200213263	RT	AC	S			N
08/14/2008	200194051	MI	SI	S			N
07/11/2008	200192378	MI	AC	U			Y
04/06/2007	200108900	RT	AC	S		P	N
04/05/2007	200108855	ES	AC	U	F	F	Y
07/05/2006	200094296	RT	AC	S		P	N
07/26/2005	200074848	RT	AC	S		P	N
07/27/2004	200058117	RT	AC	S		P	N
01/07/2004	200048739	CO	AO	U	I	F	Y
12/18/2003	200047884	CO	AO	U	I	F	Y
08/20/2003	200043279	MI	AC	S		P	N
07/10/2003	200042389	CO	AO	U		F	Y
05/29/2003	200039871	CO	AO	U		F	Y
12/19/2001	200022586	CO	AC	S		P	N
11/01/2001	200021237	CO	AC	U		F	Y
08/21/2001	200019513	MI	AC	U		F	Y
08/28/2000	200009369	RT	AC	S	I	P	N
03/20/2000	200005262	PR	AC	S	I	P	N
11/13/1998	500144423	PR	AC			P	N
08/11/1998	500144422	ES	AC			P	N
10/27/1995	500144421	PR	AC			P	N

Inspector Name: QUINT, CRAIG

04/07/1994	500144420		SI			
11/09/1993	500144419		AC			

**Inspector Comment:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
212608	WELL	IJ	11/24/1969	DSPW	061-05061	WEAR 1	<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**

<b>Lease Road:</b>				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	GRAVEL ROAD THROUGH PASTURE.		

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	LEASE SIGN BY WELL		
TANK LABELS/PLACARDS	Satisfactory	METAL SIGNS BY TANKS		

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
LOCATION	Satisfactory	LOCATION FENCED WITH WIRE.		

<b>Venting:</b>	
Yes/No	Comment

<b>Flaring:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 324789

**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: 212608 Type: WELL API Number: 061-05061 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) \_\_\_\_\_ Inj Zone: ABCK  
 TC: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ Last MIT: 08/14/2008  
 Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: YES

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

Method of Injection: GRAVITY FEED

Test Type: 5 Year Tbg psi: -15.5" Csg psi: 0 BH psi: \_\_\_\_\_

Insp. Status: Pass

Comment: INITIAL CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ 15.5" VACUUM. MIRU CODELL HOT OIL SERVICE, LOAD CASING W/10 BBL WATER, PRESSURE CASING TO 475 PSIG, 5 MIN-460#, 10 MIN-460#, 15 MIN-460#, -15# PRESSURE LOSS (PASS). FINAL TBG 17" VACUUM.

**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 \_\_\_\_\_

**Field Parameters:**

Sample Location: \_\_\_\_\_

**Complaint:**

Tracking Num	Category	Assigned To	Description	Incident Date
200021602	ENVIRONM ENTAL DAMAGE	SHELTON, DAVID	ONGOING PROBLEM, FORM 18 SENT IN BY MR. DAWSON. PER MR. DAWSON: UNUSED STORAGE TANKS HAVE NOT BEEN USED FOR OVER 3 YEARS. LANDOWNER WANTS TANKS MOVED TO OPERATOR'S STORAGE FACILITY AND SITE CLEANED. HATCH COVER ON LEFT WATER STORAGE TANK THAT IS IN USE LEAKS STEADY STREAM OF SALT WATER ONTO GROUND IN AREA ACCESSIBLE TO LIVESTOCK. OPERATOR REFUSES TO TALK WITH LANDOWNER ABOUT PROBLEMS AT THIS FACILITY. PER FIELD INSPECTION 11/1/01 BY SHELTON (MET WITH MR. DAWSON AT SITE): MR. DAWSON'S COMPLAINT IS VALID. 2-300 STORAGE TANKS ARE OUTSIDE OF MAIN BATTERY AND ARE UNUSED. PRODUCED WATER IS LEAKING OUT OF OPERATIONAL TANKS AND POOLING ON GROUND WITHIN BERMS. BERMS ARE INADEQUATE TO CONTAIN CONTENTS OF LARGEST TANK (600 BBLs). OPERATIONAL TANKS ARE FENCED. SENT NOAV TO WESTERN ON 11/7/01 TO REMOVE UNUSED TANKS, FIX LEAKAGE, REBUILD BERMS.	10/01/2001

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? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Waste Material Onsite? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? \_\_\_\_\_ 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? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

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? \_\_\_\_\_

Production areas have been stabilized? \_\_\_\_\_ 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? \_\_\_\_\_

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

Overall Interim Reclamation \_\_\_\_\_

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: \_\_\_\_\_

Reminder: \_\_\_\_\_

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

Inspector Name: QUINT, CRAIG

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
Gravel	Pass	Gravel	Pass			

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