

**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



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Inspection Date:

05/07/2013

Document Number:

670501003

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>431127</u>	<u>427157</u>	<u>MONTOYA, JOHN</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10392 Name of Operator: TEKTON WINDSOR LLCAddress: 640 PLAZA DRIVE #290City: HIGHLANDS State: CO Zip: 80129**Contact Information:**

Contact Name	Phone	Email	Comment
Bunch, Bruce	303-226-1318	bruce.bunch@comeridgreresources.com	Operations Manager

Compliance Summary:QtrQtr: NENE Sec: 4 Twp: 5N Range: 67W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
427146	WELL	PR	04/07/2012	OW	123-34876	RANCHO WATER VALLEY 2-6-4	<input checked="" type="checkbox"/>
427151	WELL	PR	04/07/2012	OW	123-34879	RANCHO WATER VALLEY 2-8-4	<input checked="" type="checkbox"/>
427184	WELL	PR	04/07/2012	OW	123-34891	RANCHO WATER VALLEY 3-9-4	<input checked="" type="checkbox"/>
431127	WELL	DG	03/18/2013		123-36426	RANCHO WATER VALLEY 13 7-6-33-270-6-CH	<input checked="" type="checkbox"/>
431128	WELL	XX	12/18/2012		123-36427	RANCHO WATER VALLEY 5 7 -2-4-270-4-NH	<input type="checkbox"/>
431129	WELL	DG	02/22/2013		123-36428	RANCHO WATER VALLEY 11 7-7-33-270-6-CH	<input checked="" type="checkbox"/>
431130	WELL	XX	12/18/2012		123-36429	RANCHO WATER VALLEY 7 7 -8-33-270-5-CH	<input type="checkbox"/>
431131	WELL	XX	12/18/2012		123-36430	RANCHO WATER VALLEY 12 7-7-33-270-4-NH	<input type="checkbox"/>
431132	WELL	XX	12/18/2012		123-36431	RANCHO WATER VALLEY 9 8 -7-33-000-4-CH	<input type="checkbox"/>
431133	WELL	XX	12/18/2012		123-36432	RANCHO WATER VALLEY 8 8 -7-33-000-4-NH	<input type="checkbox"/>
431134	WELL	XX	12/18/2012		123-36433	RANCHO WATER VALLEY 6 0 -7-4-270-5-NH	<input type="checkbox"/>
431135	WELL	XX	12/18/2012		123-36434	RANCHO WATER VALLEY 4 7 -1-4-270-4-NH	<input type="checkbox"/>
431145	WELL	XX	12/19/2012		123-36438	RANCHO WATER VALLEY 10 7-8-33-270-4-NH	<input type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>13</u>	Production Pits: _____
Condensate Tanks: <u>20</u>	Water Tanks: <u>8</u>	Separators: <u>8</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>13</u>
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>8</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

LocationSigns/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
CONTAINERS	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Emission Control Device	3	Satisfactory			
Bird Protectors	9	Satisfactory			
Horizontal Heated Separator	6	Satisfactory			
Gas Meter Run	4	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	4	300 BBLS	STEEL AST	,	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action: _____				Corrective Date: _____	
<u>Paint</u>					
Condition	_____				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment _____					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	4	400 BBLS	STEEL AST	40.261120,-1045.000000	
S/U/V:			Comment: _____		
Corrective Action: _____				Corrective Date: _____	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment _____					
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				
<u>Predrill</u>					
Location ID: 427157					
Site Preparation:					
Lease Road Adeq.: _____		Pads: _____		Soil Stockpile: _____	
Corrective Action: _____		Date: _____		CDP Num.: _____	

Form 2A COAs:**Comment:** **CA:** **Date:** **Wildlife BMPs:**

BMP Type	Comment
Storm Water/Erosion Control	Stormwater Management BMP: This pad will be constructed such that no stormwater run-off will be allowed to migrate to the northwest into the streambed.
Construction	ECD BMP: Emissions from condensate, crude oil, and produced water tanks and from glycol dehydrators shall be controlled with devices capable of achieving 95% efficiency destruction of volatile organic compounds (VOC). Operator shall comply with applicable Colorado Department of Health and Environment, Air Pollution Control Division permitting requirements.
Drilling/Completion Operations	<p>Noise Abatement BMP's: To the extent economically practicable and technically feasible, operator will minimize nuisance noise through the following measures:</p> <ol style="list-style-type: none"> 1. Schedule conspicuous noise producing activities to avoid the hours of 9:00 p.m. to 6:00 a.m. To the extent practicable the operator will avoid tripping pipe, moving heavy equipment, handling drill pipe or casing, and receiving deliveries during nighttime hours. 2. Attempt to conduct hydraulic fracturing operations during daylight hours (7:00 a.m. to 7:00 p.m.) 3. Construct a temporary buffer between the location and the home to the north to aid in attenuation of noise generated on the location during drilling and hydraulic fracturing.
Drilling/Completion Operations	<p>Anti-Collision BMP: Prior to drilling operations, Operator will perform an anti-collision scan of existing offset wells that have the potential of being within close proximity of the proposed wells. This anti-collision scan will include definitive MWD or gyro surveys of the offset wells with included error of uncertainty per survey instrument, and compared against the proposed wellpath with its respective error of uncertainty. If current surveys do not exist for the offset wells, Operator may have gyro surveys conducted to verify bottomhole location. The proposed well will only be drilled if the anti-collision scan results indicate that there is not a risk for collision, or harm to people or the environment. For the proposed well, upon conclusion of drilling operations, an as-constructed gyro survey will be submitted to COGCC with the Form 5.</p> <p>Additionally, certain wells on this pad will have gyroscopic surveys run after they are drilled in order to pinpoint their location definitively, such that the risk of collision for subsequent wells is accounted for and assessed.</p>
Drilling/Completion Operations	<p>Lighting Abatement BMP's: Lighting abatement measures beyond the requirements of Rule 803. shall be implemented, including the following, at a minimum:</p> <ol style="list-style-type: none"> 1. Rig oriented to direct light away from nearby residents. 2. Install lighting shield devices on all of the more conspicuous lights 3. Rig shrouded to reduce light impacts to the home north of the proposed location.
Drilling/Completion Operations	Bradenhead Monitoring BMP: Operator will comply with COGCC Policy for Bradenhead Monitoring During Hydraulic Fracturing Treatments in the Greater Wattenberg Area dated May 29, 2012.

Comment: **CA:** **Date:** **Stormwater:**

Erosion BMPs	Present	Other BMPs	Present
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Inspector Name: MONTOYA, JOHN

Corrective Action: _____		Date: _____	
Comments: Erosion BMPs: _____			
Other BMPs: _____			
Comment: _____			
Staking: _____			
On Site Inspection (305):			
<u>Surface Owner Contact Information:</u>			
Name: _____		Address: _____	
Phone Number: _____		Cell Phone: _____	
<u>Operator Rep. Contact Information:</u>			
Landman Name: _____		Phone Number: _____	
Date Onsite Request Received: _____		Date of Rule 306 Consultation: _____	
Request LGD Attendance: _____			
<u>LGD Contact Information:</u>			
Name: _____		Phone Number: _____	
		Agreed to Attend: _____	
<u>Summary of Landowner Issues:</u>			
<u>Summary of Operator Response to Landowner Issues:</u>			
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>			

Facility

Facility ID: 427146	Type: WELL	API Number: 123-34876	Status: PR	Insp. Status: PR
Facility ID: 427151	Type: WELL	API Number: 123-34879	Status: PR	Insp. Status: PR
Facility ID: 427184	Type: WELL	API Number: 123-34891	Status: PR	Insp. Status: PR
Facility ID: 431127	Type: WELL	API Number: 123-36426	Status: DG	Insp. Status: PR
Facility ID: 431129	Type: WELL	API Number: 123-36428	Status: DG	Insp. Status: PR

Producing Well

Comment: pr

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: IMPROVED PASTURE, OTHER, RANGELAND

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: _____

Inspector Name: MONTOYA, JOHN

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: IMPROVED PASTURE, OTHER, RANGELAND _____

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

S/U/V: _____

Corrective Date: _____

Comment: _____

CA: _____