

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:
05/15/2013

Document Number:
670400016

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	294808	334446	COLBY, CARL	2A Doc Num:	

Operator Information:

OGCC Operator Number: 100122 Name of Operator: GUNNISON ENERGY CORPORATION
 Address: 1801 BROADWAY #1200
 City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
McWilliams, Dan		dan.mcwilliams@oxbow.com	Construction Engineer
Starkebaum, Neal	(970)641-0360	NStarkebaum@gunnisoncounty.org	Assistant Director Gunnison County
Shelbourn, Steve	(970)596-4302	steveshelbourn@oxbow.com	EHS Coordinator
Fyock, Lee		lee.fyock@oxbow.com	Vice President Permitting and Environmental
Kevin Swisher		kevinswisher@oxbow.com	Operations Superintendent
Kellerby, Shaun		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr: SWNW Sec: 20 Twp: 12S Range: 89W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/18/2010	200267497	DG	DG	S			N
07/08/2010	200262211	SR	DG	S			N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
294805	WELL	AL	06/06/2011	LO	051-06081	HOTCHKISS FEDERAL 12-89 20-12	<input checked="" type="checkbox"/>
294808	WELL	PR	11/10/2010	GW	051-06082	DEADMAN GULCH U HOTCHKISS FED 20-12D	<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

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	BMP's in place		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Unsatisfactory	Tank labels need Capacity, and Emergency Contact Information	Install sign to comply with rule 210.d.	07/22/2013
WELLHEAD	Unsatisfactory	No well head sign	Install sign to comply with rule 210.d.	07/22/2013

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

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	Metal pannel fence		
LOCATION	Satisfactory	Wire fence around location		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	3	Satisfactory			
Plunger Lift	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory	Earth berm around		
	1	Satisfactory	Generator in building, and transfer pumphouse		
Deadman # & Marked	4	Unsatisfactory	Needs marked	Mark All Deadman Anchors	07/22/2013

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	400 BBLS	HEATED STEEL AST	39.001330,107.367200	
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	
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	

Predrill

Location ID: 334446

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
BERMS	Yes	Self Inspection	Yes`

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: 294805 Type: WELL API Number: 051-06081 Status: AL Insp. Status: AL

Producing Well

Comment: Producing

Facility ID: 294808 Type: WELL API Number: 051-06082 Status: PR Insp. Status: PR

Producing Well

Comment: Producing

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: _____

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? In CM _____ CA _____ CA Date _____
Guy line anchors marked? Fail CM Missing markers
CA install markers CA Date 07/22/2013

1003b. Area no longer in use? Fail Production areas stabilized ? _____
1003c. Compacted areas have been cross ripped? _____
1003d. Drilling pit closed? Fail 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 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
Berms	Pass	Culverts	Pass	MHSP	Pass	
Blankets	Pass	Gravel	Pass			
Ditches	Pass					
Rip Rap	Pass	Sediment Traps	Pass			
Check Dams	Pass	Check Dams	Pass	SI	Pass	
Drains	Pass					
Sediment Traps	Pass	Ditches	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment:

CA:

Pits:				
Pit Type: _____	Lined: _____	Pit ID: _____	Lat: _____	Long: _____
Lining:				
Liner Type: _____	Liner Condition: _____			
Comment: _____				
Fencing:				
Fencing Type: _____	Fencing Condition: _____			
Comment: _____				
Netting:				
Netting Type: _____	Netting Condition: _____			
Comment: _____				
Anchor Trench Present: _____	Oil Accumulation: _____	2+ feet Freeboard: _____		
Pit (S/U/V): _____	Comment: <input type="text"/>			
Corrective Action: <input type="text"/>				Date: _____