

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:
05/16/2013

Document Number:
670400021

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>283921</u>	<u>324481</u>	<u>COLBY, CARL</u>	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
Fyock, Lee		lee.fyock@oxbow.com	VP Permitting and Environmental
Kellerby, Shaun		shaun.kellerby@state.co.us	
Shelbourn, Steve	(970)596-4302	steveshelbourn@oxbow.com	EHS Coordinator
Starkebaum, Neal	(970)641-0360	NStarkebaum@gunnisoncounty.org	Assistant Director Gunnison County Community
Swisher, Kevin		kevin.swisher@oxbow.com	Operations Superintendent
McWilliams, Dan		dan.mcwilliams@oxbow.com	Construction Engineer

Compliance Summary:

QtrQtr: NWNE Sec: 18 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	200271835	PR	WO	S			N
06/08/2010	200262204	SR	PR	S			N
08/17/2009	200216825	PR	PR	S			N
08/15/2006	200101463	DG	DG	S		P	N

Inspector Comment:

Produced water spill Cleanup in process, was reported, about 2 yards of dirt dug out and placed on tarp. no visible standing water.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
283921	WELL	PR	11/13/2007	GW	051-06071	HOTCHKISS FEDERAL 12-89 18-31 <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
Access	Satisfactory	BMP's in place and maintained		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	No well head sign	Install sign to comply with rule 210.d.	07/22/2013
CONTAINERS	Unsatisfactory	No label on barrel by wellhead	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
Produced Water	Tank	<= 5 bbls	Finish cleanup work, Provide testing results to comply with form 19. Notify with form 42 upon completion	06/24/2013

Multiple Spills and Releases?

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Pump Jack	1	Satisfactory	Walking beam removed and on location side		
	1	Satisfactory	Generator		
Progressive Cavity	1	Satisfactory			
Bird Protectors	1	Satisfactory			
Deadman # & Marked	4	Satisfactory			
Prime Mover	1	Satisfactory	Electric		
Horizontal Heated Separator	1	Satisfactory	Earth Berm		

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 324481

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: 283921 Type: WELL API Number: 051-06071 Status: PR Insp. Status: SI

Producing Well

Comment: Shut in

Environmental

Spills/Releases:

Type of Spill: WATER Description: Produced Water Estimated Spill Volume: 10

Comment: I met onsite with Gunnison Energy Personnel. They informed me that a produced water spill had occurred 10 days ago, it was contained and water was removed with a Vac truck. Approximately 16 bbls was removed it was raining at the time and estimated 10 bbls of produced water was spilled additional 6 bbls of storm water was removed. They said to have reported it on 5-14-2013. I observed approximately 2 yards of dirt was removed from the impacted area and is placed on a tarp. It is said to be awaiting test results. No standing water or produced water is visible.

Corrective Action: Finish cleanup work, Provide testing results to comply with form 19. Notify with form 42 Date: 06/24/2013

Reportable: YES 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? 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: _____

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
Check Dams	Pass	Gravel	Pass			
Sediment Traps	Pass	Check Dams	Pass			
Berms	Pass	Culverts	Pass	SI	Pass	
Ditches	Pass	Ditches	Pass	MHSP	Pass	
Gravel	Pass	Rip Rap	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____