

**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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| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

06/06/2013

Document Number:

668600886

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | <u>208090</u> | <u>321811</u> | <u>QUINT, CRAIG</u> | <input type="checkbox"/> 2A Doc Num: _____ |

Operator Information:OGCC Operator Number: 51065 Name of Operator: LOEB LLC* HERMAN LAddress: P O BOX 838City: LAWRENCEVILLE State: IL Zip: 62439**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|------------------|----------------------------|-------------------|
| Pelton, Shane | 719-767-8987 off | spelton62@yahoo.com | 719-340-8987 cell |
| ONYSKIW, DENISE | | denise.onyskiw@state.co.us | |
| LEONARD, MIKE | | mike.leonard@state.co.us | |

Compliance Summary:QtrQtr: NWNE Sec: 24 Twp: 16S Range: 42W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 06/02/2011 | 200311891 | RT | AC | S | | | N |
| 02/28/2011 | 200298353 | RT | AC | S | | | N |
| 04/01/2010 | 200240873 | RT | AC | S | | | N |
| 06/08/2009 | 200212123 | RT | AC | S | | | N |
| 07/29/2008 | 200193454 | MI | AC | S | | | N |
| 06/18/2007 | 200113320 | RT | AC | S | | P | N |
| 07/20/2006 | 200094584 | RT | SI | S | | P | N |
| 07/28/2005 | 200074925 | RT | SI | S | | P | N |
| 07/28/2004 | 200058120 | RT | SI | U | | F | Y |
| 08/19/2003 | 200043318 | MI | SI | S | | P | N |
| 08/02/2002 | 200030146 | RT | SI | S | | P | N |
| 08/21/2001 | 200019498 | RT | AC | S | | P | N |
| 08/29/2000 | 200009360 | RT | AC | S | I | P | N |
| 07/26/1999 | 827523 | PR | AC | S | | P | N |
| 08/14/1997 | 500139936 | PR | AC | | | P | N |
| 11/22/1996 | 500139935 | PR | AC | | | P | N |
| 04/28/1995 | 500139934 | PR | AC | | | P | Y |

Inspector Comment:**Related Facilities:**

Inspector Name: QUINT, CRAIG

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 208090 | WELL | IJ | 02/05/1993 | GW | 017-07025 | TALBERT C 2 | <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 | 2 TRACK THROUGH FARM GROUND | | |

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|--------------|-------------------|---------|
| WELLHEAD | Satisfactory | SIGN BY WELL | | |

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

Corrective Date: 09/06/2013

Comment: ONLY 911 POSTED

Corrective Action: (2ND NOTICE) INSTALL OPERATOR EMERGENCY CONTACT NUMBER.

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?**Fencing/:**

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|------------|-------------------|---------|
| WELLHEAD | Satisfactory | STEEL PIPE | | |

Venting:

| Yes/No | Comment |
|--------|---------|
| | |

Flaring:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------|-----------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 321811

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: 208090 Type: WELL API Number: 017-07025 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: MRRW

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/29/2008

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: YES

Comment: _____

Method of Injection: PUMP FEED

Test Type: 5 Year Tbg psi: 310 Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: CSG HAD A LIGHT VACUUM THAT DIED IMMEDIATELY, TBG IJ @ 310 PSIG. MIRU EXTREME HEAT, LOAD CSG W/20 BBL WATER PRESSURE CSG TO 500 PSIG, 5 MIN-490#, 10 MIN-480#, 15 MIN-480#, -20# LOSS (PASS).

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? _____ 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 REVEGETATIONCropland

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Other | Pass | Other | Pass | | | |

Inspector Name: QUINT, CRAIG

S/U/V: Satisfactory Corrective Date: _____

Comment: ROAD AND LOCATION ARE FARMED OVER.

CA: _____