

Inspector Name: BROWNING, CHUCK

**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



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

Inspection Date:

07/23/2013

Document Number:

668401518

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | 264164 | 321994 | BROWNING, CHUCK | <input type="checkbox"/> |
| | | | 2A Doc Num: | |

Operator Information:OGCC Operator Number: 100122 Name of Operator: GUNNISON ENERGY CORPORATIONAddress: 1801 BROADWAY #1200City: DENVERState: COZip: 80202**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|--------------|----------------------------|-----------------|
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Johnson, Patty | 303-291-1243 | patty.johnson@oxbow.com | |

Compliance Summary:QtrQtr: SWNW Sec: 24 Twp: 12S Range: 94W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 01/08/2013 | 668400864 | SI | SI | S | P | | N |
| 09/16/2009 | 200218939 | ID | SI | S | | | N |
| 07/28/2004 | 200062613 | ID | TA | S | | P | N |
| 10/08/2003 | 200049141 | DG | DG | S | | P | N |

Inspector Comment:

Routine UIC inspection. Well on -20 psi vacuum. Casing pressure 0 psi during injection.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|--------------------------------|-------------------------------------|
| 264164 | WELL | IJ | 01/25/2013 | DSPW | 029-06076 | SPAULDING PEAK 1294 #24-12 WDW | <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 | | | |

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| | | | | |
|----------------------|-----------------------------|---------|-------------------|---------|
| Main | Satisfactory | | | |
| Signs/Marker: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |
| BATTERY | Satisfactory | | | |

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? | | | | |

| | | | | | |
|-------------------|---|-----------------------------|---------|-------------------|---------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Pig Station | 1 | Satisfactory | | | |
| Gas Meter Run | 3 | Satisfactory | | | |

| | | | | | |
|--------------------|--------------|-----------------------------------|----------------|------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 3 | 400 BBLS | STEEL AST | , | |
| S/U/V: | Satisfactory | Comment: _____ | | | |
| Corrective Action: | | | | Corrective Date: | |

Paint

| | |
|------------------|-------|
| Condition | |
| 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: 321994

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: 264164 Type: WELL API Number: 029-06076 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -20
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: RLNSTC: Pressure or inches of Hg 0Previous Test Pressure _____ Last MIT: 01/08/2013Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____ AnnMTReq: _____

Comment: Gunnison Energy field personel began injection process for inspection.
Well on vacuum -20 psi. Casing pressure 0- psi. OKMethod of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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? | <u>Pass</u> | CM _____ | |
| CA _____ | | | CA Date _____ |
| Guy line anchors removed? | <u> </u> | CM _____ | |
| CA _____ | | | CA Date _____ |
| Guy line anchors marked? | <u>Pass</u> | CM _____ | |
| CA _____ | | | CA Date _____ |

| | | | | |
|--------|---|-------------|--------------------------------------|-------------|
| 1003b. | Area no longer in use? | <u>Pass</u> | Production areas stabilized ? | <u>Pass</u> |
| 1003c. | Compacted areas have been cross ripped? | <u>Pass</u> | | |
| 1003d. | Drilling pit closed? | <u>Pass</u> | Subsidence over on drill pit? | <u>Pass</u> |
| | Cuttings management: _____ | | | |
| 1003e. | Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? | | | <u>Pass</u> |
| | Production areas have been stabilized? | <u>Pass</u> | Segregated soils have been replaced? | |

Cropland

Top soil replaced Recontoured Perennial forage re-established

Top soil replaced Recontoured 80% Revegetation

1003 f. Weeds Noxious weeds? P

| | |
|----------|--|
| Comment: | |
|----------|--|

| | |
|-----------------------------|------|
| Overall Interim Reclamation | Pass |
|-----------------------------|------|

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 |
|---------------------------|---------------------|
| | |

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | MHSP | Pass | |

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S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____