

**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:

08/14/2013

Document Number:

668401583

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>293056</u> | <u>311853</u> | <u>BROWNING, CHUCK</u> | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 10384 Name of Operator: GENESIS GAS & OIL COLORADO LLCAddress: 1701 WALNUT STREET - 4TH FLCity: KANSAS CITY State: MO Zip: 64108**Contact Information:**

| Contact Name    | Phone        | Email                          | Comment         |
|-----------------|--------------|--------------------------------|-----------------|
| Hull, Sheryl    | 970-623-2833 | sheryl@myersenergyservices.com | Agent           |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us     | Field Inspector |
| Behner, Robert  | 816-222-7500 | bbehner@genesisco.com          | VP              |

**Compliance Summary:**QtrQtr: LOT 16 Sec: 3 Twp: 1N Range: 100W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 10/30/2012 | 663800551 | IJ         | AC          | U                            | I        |                | N               |

**Inspector Comment:**

UIC-Routine Inspection. Well shut in 1/2013. Last MIT 10/2/2008. Next MIT due 10/2/2013. No Signs at wellhead. No Emergency contact number. Drip pan on generator full of water/oil. Stains around pumphouse & wellhead. See Attached photos (103-11095.pdf). Submit Form 42 (Corrective Actions Complete) electronically in eForm after operator has completed field abatement/corrective actions required herein.

**Related Facilities:**

| Facility ID | Type         | Status | Status Date | Well Class | API Num   | Facility Name          |                                     |
|-------------|--------------|--------|-------------|------------|-----------|------------------------|-------------------------------------|
| 159218      | UIC DISPOSAL | AC     | 02/26/2008  |            | -         | FLETCHER GULCH 3-31 WD | <input checked="" type="checkbox"/> |
| 286511      | WELL         | PR     | 09/01/2012  | GW         | 103-10888 | FLETCHER GULCH 3-31    | <input checked="" type="checkbox"/> |
| 293056      | WELL         | SI     | 12/17/2012  | STRT       | 103-11095 | FLETCHER GULCH 3-31WD  | <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**

| <b>Lease Road:</b> |                             |         |                   |      |
|--------------------|-----------------------------|---------|-------------------|------|
| Type               | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
| Access             | Satisfactory                |         |                   |      |
| Main               | Satisfactory                |         |                   |      |

| <b>Signs/Marker:</b> |                             |   |   |            |
|----------------------|-----------------------------|---|---|------------|
| Type                 | Satisfactory/Unsatisfactory | Comment   | Corrective Action                       | CA Date    |
| WELLHEAD             | Unsatisfactory              | No sign at wellhead.  | Install sign to comply with rule 210.b. | 09/30/2013 |
| TANK LABELS/PLACARDS | Unsatisfactory              | No NFPA labels or other information required by rule 210.d. | Install sign to comply with rule 210.d. | 09/30/2013 |

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 10/03/2013

Comment: No emergency contact information

Corrective Action: Install signs to comply with rule 210.b.(2).

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

| <b>Fencing/:</b> |                             |                           |                   |         |
|------------------|-----------------------------|---------------------------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment                   | Corrective Action | CA Date |
| WELLHEAD         | Satisfactory                | Hog wire panels & T-post. |                   |         |

| <b>Equipment:</b>    |   |                             |   |   |            |
|----------------------|---|-----------------------------|---|---|------------|
| Type                 | # | Satisfactory/Unsatisfactory | Comment   | Corrective Action   | CA Date    |
| Horizontal Separator | 1 | Satisfactory                |   |   |            |
| Prime Mover          | 1 | Unsatisfactory              | Staining on ground outside pumphouse. No Secondary containment. | Remediate stained ground. Install secondary containment around pumphouse. | 09/30/2013 |
| Deadman # & Marked   | 4 | Satisfactory                |   |   |            |
| Gas Meter Run        | 1 | Satisfactory                |   |   |            |

Inspector Name: BROWNING, CHUCK

|                        |                             |   |                     |                             |
|------------------------|-----------------------------|---|---------------------|-----------------------------|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank   | Tank ID: _____      |                             |
| Contents               | #                           | Capacity  | Type                | SE GPS                      |
| PRODUCED WATER         | 4                           | 400 BBLS  | STEEL AST           | 40.083105,-108.609870       |
| S/U/V:                 | Unsatisfactory              | Comment: Improper tank signs. Stained & washed out area at lower valve on W tank. |                     |                             |
| Corrective Action:     |                             | Install signs to comply with rule 210.d.  |                     | Corrective Date: 09/30/2013 |
| <b>Paint</b>           |                             |   |                     |                             |
| Condition              | Adequate                    |   |                     |                             |
| Other (Content) _____  |                             |   |                     |                             |
| Other (Capacity) _____ |                             |   |                     |                             |
| Other (Type) _____     |                             |   |                     |                             |
| <b>Berms</b>           |                             |   |                     |                             |
| Type                   | Capacity                    | Permeability (Wall)   | Permeability (Base) | Maintenance                 |
| Metal                  | Adequate                    | Walls Sufficient  | Base Sufficient     | Adequate                    |
| Corrective Action      |                             |   |                     | Corrective Date             |
| Comment                |                             |   |                     |                             |
| <b>Venting:</b>        |                             |   |                     |                             |
| Yes/No                 |                             | Comment   |                     |                             |
| NO                     |                             |   |                     |                             |
| <b>Flaring:</b>        |                             |   |                     |                             |
| Type                   | Satisfactory/Unsatisfactory | Comment   | Corrective Action   | CA Date                     |
|                        |                             |   |                     |                             |

**Predrill**

Location ID: 311853

**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: 159218 Type: UIC API Number: - Status: AC Insp. Status: SI

Facility ID: 286511 Type: WELL API Number: 103-10888 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: Well shut in 1/2013.  
 Wellhead w/ roto pump. Separator in shed w/ meter. 2-Skid mount hydraulic pumps on location (1-hooked to well).  
 No Signs at wellhead. No Emergency contact number.  
 Drip pan on hydraulic pump full of oil/water. Oil staining on ground at wellhead.

Facility ID: 293056 Type: WELL API Number: 103-11095 Status: SI Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

(e.g. 30 psig or -30" Hg)

Inj Zone: SEGO

TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 10/02/2008

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: UIC-Routine inspection. Well shut in 1/2013. Last MIT 10/2/2008. Next MIT due 10/2/2013.  
 Wellhead, Pumphouse, 4-400 bbl steel tanks w/ lined metal berms.  
 No Signs at wellhead. No Emergency contact number.

Method of Injection: PUMP 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:**

Inspector Name: BROWNING, CHUCK

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? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Guy line anchors marked? Pass CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

Production areas have been stabilized? Pass 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? P

Comment: \_\_\_\_\_

Overall Interim Reclamation Pass

#### **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 \_\_\_\_\_

Inspector Name: BROWNING, CHUCK

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  | MHSP          | Pass                     |         |
| Seeding          | Pass            | Culverts                | Pass                  |               |                          |         |

S/U/V: Satisfactory \_\_\_\_\_

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description                  | URL   |
|--------------|------------------------------|---|
| 668401584    | Inspection photos-08/14/2012 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3172428">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3172428</a> |