


|                                          |                                                                                                                                                                                           |                                                                                    |    |    |    |    |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----|----|----|----|
| <b>FORM<br/>INSP</b><br><br>Rev<br>05/11 | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br><small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small> |  | DE | ET | OE | ES |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----|----|----|----|

**FIELD INSPECTION FORM**

|                     |                              |                         |                                            |                                             |                   |
|---------------------|------------------------------|-------------------------|--------------------------------------------|---------------------------------------------|-------------------|
| Location Identifier | Facility ID<br><u>224030</u> | Loc ID<br><u>313455</u> | Inspector Name:<br><u>LABOWSKIE, STEVE</u> | On-Site Inspection <input type="checkbox"/> | 2A Doc Num: _____ |
|---------------------|------------------------------|-------------------------|--------------------------------------------|---------------------------------------------|-------------------|

Inspection Date:  
08/22/2013

Document Number:  
663401132

Overall Inspection:  
Satisfactory

**Operator Information:**

OGCC Operator Number: 10343 Name of Operator: QEP ENERGY COMPANY

Address: 1050 17TH STREET - SUITE 500

City: DENVER State: CO Zip: 80265

**Contact Information:**

| Contact Name    | Phone                             | Email                      | Comment                     |
|-----------------|-----------------------------------|----------------------------|-----------------------------|
| Maez, Leonard   | (970) 564-1699/<br>(806) 435-0529 | leonard.maez@qepres.com    | Production Foreman (Cortez) |
| LEONARD, MIKE   |                                   | mike.leonard@state.co.us   |                             |
| ONYSKIW, DENISE |                                   | denise.onyskiw@state.co.us |                             |

**Compliance Summary:**

QtrQtr: SWNE Sec: 15 Twp: 37N Range: 19W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 08/16/2012 | 669400052 | IJ         | AC          | S                            |          |                | N               |
| 07/06/2011 | 200315258 | RT         | AC          | S                            |          |                | N               |
| 08/13/2010 | 200269301 | RT         | AC          | S                            |          |                | N               |
| 08/05/2009 | 200216557 | RT         | AC          | S                            |          |                | N               |
| 09/08/2008 | 200195358 | RT         | AC          | S                            |          |                | N               |
| 08/08/2007 | 200118468 | MI         | AC          | S                            |          |                | N               |
| 08/16/2006 | 200095461 | MI         | AC          | S                            |          | P              | N               |
| 08/09/2005 | 200076883 | MI         | AC          | S                            |          | P              | N               |
| 08/10/2004 | 200062788 | MI         | AC          | S                            |          | P              | N               |
| 08/13/2003 | 200049678 | MI         | AC          | S                            |          | P              | N               |
| 07/30/2002 | 200029538 | MI         | AC          | S                            |          | P              | N               |
| 08/07/2001 | 200020160 | MI         | AC          | S                            |          | P              | N               |
| 08/22/2000 | 200009590 | MI         | AC          | S                            |          | P              | N               |
| 02/15/1995 | 500154965 | MI         | AC          | S                            |          | P              | N               |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type         | Status | Status Date | Well Class | API Num | Facility Name   |
|-------------|--------------|--------|-------------|------------|---------|-----------------|
| 105808      | PIT          |        | 09/23/1999  |            | -       | 2               |
| 150227      | UIC DISPOSAL | AC     | 10/18/1989  |            | -       | MCCLEAN BASIN 2 |

|        |      |    |            |      |           |                 |                                     |
|--------|------|----|------------|------|-----------|-----------------|-------------------------------------|
| 224030 | WELL | SI | 02/14/2013 | DSPW | 083-06087 | MCCLEAN BASIN 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 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>Signs/Marker:</b> |                             |         |                   |         |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |
| WELLHEAD             | Satisfactory                |         |                   |         |

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

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

Corrective Action: \_\_\_\_\_

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

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

| Contents                                                      | #                                      | Capacity | Type      | SE GPS                 |
|---------------------------------------------------------------|----------------------------------------|----------|-----------|------------------------|
| PRODUCED WATER                                                | 4                                      | 500 BBLS | STEEL AST | ,                      |
| S/U/V: Satisfactory                                           | Comment: vent caps not readily visible |          |           |                        |
| Corrective Action: install caps if vents open without screen. |                                        |          |           | Corrective Date: _____ |

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
|-------------------|----------|---------------------|---------------------|-----------------|
| Earth             | Adequate | Walls Sufficient    | Base Sufficient     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

| <b>Venting:</b> |         |
|-----------------|---------|
| Yes/No          | Comment |
|                 |         |

| <b>Flaring:</b> |                             |         |                   |         |
|-----------------|-----------------------------|---------|-------------------|---------|
| Type            | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|                 |                             |         |                   |         |

**Predrill**

Location ID: 313455

**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: 224030 Type: WELL API Number: 083-06087 Status: SI Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**

Inj./Tube: Pressure or inches of Hg 1880  
(e.g. 30 psig or -30" Hg)

Previous Test Pressure \_\_\_\_\_

MPP \_\_\_\_\_

Inj Zone: DSCR

TC: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_

Last MIT: 08/16/2012

Brhd: Pressure or inches of Hg n/a

Previous Test Pressure \_\_\_\_\_

AnnMTRReq: \_\_\_\_\_

Comment: sli puff of pressure from casing annulus when valve removed.

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:**

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? In Production areas stabilized ? Pass  
 1003c. Compacted areas have been cross ripped? \_\_\_\_\_  
 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? In  
 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 Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

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

Overall Interim Reclamation In Process

**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            |                 |                         |                       |               |                          |         |

|                     |                        |  |  |  |  |  |
|---------------------|------------------------|--|--|--|--|--|
| Compaction          |                        |  |  |  |  |  |
| S/U/V: Satisfactory | Corrective Date: _____ |  |  |  |  |  |
| Comment:            | <input type="text"/>   |  |  |  |  |  |
| CA:                 | <input type="text"/>   |  |  |  |  |  |