

**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 |
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Inspection Date:

08/07/2013

Document Number:

663400070

Overall Inspection:

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

|                     |             |        |                  |  |
|---------------------|-------------|--------|------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name:  | On-Site Inspection                         |
|                     | 224313      | 313507 | LABOWSKIE, STEVE | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**OGCC Operator Number: 36200 Name of Operator: GRYNBERG\* JACK DBA GRYNBERG PETROLEUM COAddress: 3600 S. YOSEMITE ST - STE 900City: DENVER State: CO Zip: 80237-**Contact Information:**

|                |       |                        |                 |
|----------------|-------|------------------------|-----------------|
| Contact Name   | Phone | Email                  | Comment         |
| Grynberg, Jack |       | Grynpetro@grynberg.com | All Inspections |

**Compliance Summary:**QtrQtr: SESW Sec: 27 Twp: 38N Range: 14W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 08/09/2010 | 200266257 | ID         | SI          | U                            |          |                | Y               |
| 06/12/2009 | 200223556 | ID         | TA          | U                            |          |                | Y               |
| 06/24/2005 | 200074434 | ID         | TA          | S                            |          | P              | N               |
| 06/23/2005 | 200074306 | ID         | TA          | S                            |          | P              | N               |
| 06/12/1996 | 500155148 |            | SI          |                              |          | P              | N               |

**Inspector Comment:**

Well passed MIT, unsatisfactory status for lack of wellsign and emergency contact number.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------------------------------|
| 224313      | WELL | SI     | 10/12/2012  | GW         | 083-06378 | AKIN, MARY UNIT 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****Lease Road:**

| Type  | Satisfactory/Unsatisfactory | comment                                  | Corrective Action | Date |
|-------|-----------------------------|--|-------------------|------|
| Other | Satisfactory                | 2 track through hayfiled off county road |                   |      |

| <b>Signs/Marker:</b> |                             |         |   |            |
|----------------------|-----------------------------|---------|---|------------|
| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action                       | CA Date    |
| WELLHEAD             | Unsatisfactory              |         | Install sign to comply with rule 210.d. | 10/04/2013 |
| TANK LABELS/PLACARDS | Unsatisfactory              |         | label tanks as "empty"                  | 10/04/2013 |

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

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

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

| <b>Good Housekeeping:</b> |                             |  |                   |         |
|---------------------------|-----------------------------|--|-------------------|---------|
| Type                      | Satisfactory/Unsatisfactory | Comment  | Corrective Action | CA Date |
| WEEDS                     |                             | weeds and tall grass were being trimmed from around wellhead and equipment day of inspection |                   |         |
| UNUSED EQUIPMENT          |                             | 2 empty tanks  |                   |         |

| <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                | mesh wire fencing around wellhead |                   |         |

| <b>Equipment:</b>           |   |                             |         |                   |         |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Horizontal Heated Separator | 1 |                             |         |                   |         |
| Deadman # & Marked          | 4 | Satisfactory                |         |                   |         |
| Vertical Separator          | 2 |                             |         |                   |         |

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

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

**Predrill**

Location ID: 313507

**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: 224313 Type: WELL API Number: 083-06378 Status: SI Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In☐ Temporarily Abandoned

Reminder: EQUIPMENT ONSITE

S/V: Satisfactory

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

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

Comment: Well passed mechanical integrity test to maintain shut-in status

**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:**

Lat \_\_\_\_\_ Long \_\_\_\_\_

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_

**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? \_\_\_\_\_ CM tanks on interim rec area

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? PassProduction areas stabilized ? Pass

Inspector Name: LABOWSKIE, STEVE

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? Pass

Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

#### RESTORATION AND REVEGETATION

##### Cropland

Top soil replaced Pass Recontoured Pass Perennial forage re-established Pass

##### Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? I

Comment: thistles on location and also in surrounding field, tank storage preventing vegetation south of location.

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

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

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

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