

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
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Inspection Date: 09/11/2013

Document Number: 670501738

Overall Inspection: Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>419220</u>	<u>419186</u>	<u>MONTOYA, JOHN</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: 10110 Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Address: 1700 BROADWAY SUITE 650

City: DENVER State: CO Zip: 80290

Contact Information:

Contact Name	Phone	Email	Comment
Salaz, Paul	970-686-8831	psalaz@gwogco.com	

Compliance Summary:

QtrQtr: SWSW Sec: 8 Twp: 6N Range: 63W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/11/2011	200294596	PR	PR	S	I		N
08/26/2009	200217193	PR	PR	S	I		N
06/09/2008	200190988	PR	PR	S	I		N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
419220	WELL	PR	01/09/2011	GW	123-32190	CORNISH 8-53	<input checked="" type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

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

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date

Multiple Spills and Releases?

Fencing:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	1	Satisfactory			

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 419186

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	koepsear	Operator must implement best management practices including, but not limited to, construction of berms, diversion dikes, site grading, or other comparable measures sufficiently protective of Ditch "2" and Reservoir "3" to the north and Reservoir "4" to the East on the attached Hydrology Map to prevent impact by any release of drilling, completion, or produced fluids.	08/19/2010
OGLA	koepsear	Location is in a sensitive area because of shallow groundwater; therefore, a closed loop system is required.	08/19/2010

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: 419220 Type: WELL API Number: 123-32190 Status: PR Insp. Status: PR

Producing Well

Comment: pr

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: IMPROVED PASTURE
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? Pass CM
CA CA Date
Guy line anchors marked? CM
CA CA Date
1003b. Area no longer in use? Pass Production areas stabilized? Pass
1003c. Compacted areas have been cross ripped?

