

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:

10/01/2013

Document Number:

668401734

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                 |  |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection                         |
|                     | 286504      | 316581 | BROWNING, CHUCK | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**

OGCC Operator Number: \_\_\_\_\_

Name of Operator: GENESIS GAS & OIL COLORADO LLCAddress: 1701 WALNUT STREET - 4TH FLCity: KANSAS CITY State: MO Zip: 64108☐ THIS IS A FOLLOW UP INSPECTION☐ FOLLOW UP INSPECTION REQUIRED☒ NO FOLLOW UP INSPECTION REQUIRED☒ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED**Contact Information:**

| Contact Name    | Phone          | Email                      | Comment         |
|-----------------|----------------|----------------------------|-----------------|
| Jensen, David   | (816) 222-7500 | djensen@genesisco.com      | Exec. VP        |
| Browning, Chuck | 970-433-4139   | chuck.browning@state.co.us | Field Inspector |

**Compliance Summary:**QtrQtr: LOT 6 Sec: 4 Twp: 1N Range: 100W**Inspector Comment:**Wellhead w/ Pump Jack, Vertical Separator / Telemetry. Well shut in 1/2013. MIT due by 12/2014**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name       | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|-------------------------------------|
| 286504      | WELL | SI     | 05/14/2013  | GW         | 103-10895 | FLETCHER GULCH 4-13 | SI          | <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 Motors: _____ | 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 |
| BATTERY              | Satisfactory                |         |                   |         |

Emergency Contact Number: (S/U/V) UnsatisfactoryCorrective Date: 01/09/2014Comment: No emergency contact informationCorrective Action: Install signs to comply with rule 210.b.(2).**Spills:**

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|  |                             |                             |                   |                   |         |
|--|-----------------------------|-----------------------------|-------------------|-------------------|---------|
| Type   | Area                        | Volume                      | Corrective action | CA Date           |         |
| <input type="checkbox"/> Multiple Spills and Releases? |                             |                             |                   |                   |         |
| <b><u>Fencing:</u></b>                                 |                             |                             |                   |                   |         |
| Type   | Satisfactory/Unsatisfactory | Comment                     | Corrective Action | CA Date           |         |
| PUMP JACK  | Satisfactory                |                             |                   |                   |         |
| <b><u>Equipment:</u></b>                               |                             |                             |                   |                   |         |
| Type   | #                           | Satisfactory/Unsatisfactory | Comment           | Corrective Action | CA Date |
| Pump Jack  | 1                           | Satisfactory                |                   |                   |         |
| Horizontal Separator                                   | 1                           | Satisfactory                |                   |                   |         |
| Gas Meter Run  | 1                           | Satisfactory                |                   |                   |         |
| <b><u>Venting:</u></b>                                 |                             |                             |                   |                   |         |
| Yes/No   | Comment                     |                             |                   |                   |         |
| NO   |                             |                             |                   |                   |         |
| <b><u>Flaring:</u></b>                                 |                             |                             |                   |                   |         |
| Type   | Satisfactory/Unsatisfactory | Comment                     | Corrective Action | CA Date           |         |
|  |                             |                             |                   |                   |         |

**Predrill**

Location ID: 286504

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/U/V:** \_\_\_\_\_

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

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Stormwater:****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: 286504 Type: WELL API Number: 103-10895 Status: SI Insp. Status: SI

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

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

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

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

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

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|   |  |                              |            |
|---|--|------------------------------|------------|
| Comment: <input style="width:700px" type="text"/>         |  |                              |            |
| Corrective Action: _____                                  |  | Date: _____                  |            |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |            |
| Proximity to Surface Water: _____                         |  | Depth to Ground Water: _____ |            |
| <b>Water Well:</b>  |  |                              |            |
|   |  | Lat _____                    | Long _____ |
| DWR Receipt Num: _____                                    | Owner Name: _____                                  | GPS : _____                  |            |
| <b>Field Parameters:</b>                                  |  |                              |            |
| <input style="width:300px" type="text"/>                  |  |                              |            |
| Sample Location: <input style="width:400px" type="text"/> |  |                              |            |
| 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: <input style="width:750px" type="text"/> |   |
| 1003a.  | Debris removed? <u>Pass</u> CM _____  |
|   | CA _____ CA Date _____  |
|   | Waste Material Onsite? <u>Pass</u> CM _____   |
|   | CA _____ CA Date _____  |
|   | Unused or unneeded equipment onsite? <u>Pass</u> CM _____   |
|   | CA _____ CA Date _____  |
|   | Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____  |
|   | CA _____ CA Date _____  |
|   | Guy line anchors removed? _____ 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? _____                               |

**RESTORATION AND REVEGETATION**

Cropland

|                         |                   |                                       |
|-------------------------|-------------------|---------------------------------------|
| Top soil replaced _____ | Recontoured _____ | Perennial forage re-established _____ |
|-------------------------|-------------------|---------------------------------------|

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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 \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_

Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_

Subsidence \_\_\_\_\_

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

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

Date \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_

Well Release on Active Location ☐

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: \_\_\_\_\_

Pits: ☐ NO SURFACE INDICATION OF PIT