

**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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Inspection Date:

11/19/2013

Document Number:

673400122

Overall Inspection:

Violation**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	<u>222313</u>	<u>312773</u>	<u>Waldron, Emily</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number:

Name of Operator: DIVERSIFIED ENERGY LLCAddress: 11479 S PINE DRIVE #29City: PARKER State: CO Zip: 80134☐ 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
Haack, Jason	303-995-0826	jhaack@oagproduction.com	
KELLERBY, SHAUN		shaun.kellerby@state.co.us	

Compliance Summary:QtrQtr: SWNE Sec: 14 Twp: 5N Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/16/2012	662300331	PR	TA	Violation			Yes
06/27/2011	200323463	PR	SI	Unsatisfactory			Yes
12/03/2010	200299082	PR	TA	Unsatisfactory			Yes
02/22/1999	500154451	PR	PR			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
222313	WELL	PR	02/22/1963	OW	081-05289	J P WEISE 1	PR	<input checked="" type="checkbox"/>
284545	PIT	AC	04/28/2006		-	JP WISE 1	AC	<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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	No sign at wellhead.	Install sign to comply with rule 210.	11/26/2013
BATTERY	Unsatisfactory	No sign at battery.	Install sign to comply with rule 210.	11/30/2013
TANK LABELS/PLACARDS	Unsatisfactory	No labels on tanks.	Install sign to comply with rule 210.	11/26/2013

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 11/26/2013

Comment: No emergency contact on location.

Corrective Action: Install sign with current operator emergency contact information.

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Unsatisfactory	Unused fencing and piping on east side of location.	Remove all equipment not necessary for production.	12/20/2013
UNUSED EQUIPMENT	Unsatisfactory	2 vertical heater treaters, not in use. Spoke with pumper, he said they were hoping to begin using them.	Return treaters to use or remove.	12/20/2013
WEEDS	Unsatisfactory		Implement a weed control program.	03/31/2014

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Pump Jack	1	Satisfactory			
Veritcal Heater Treater	2	Unsatisfactory	Not in use. Bermed.	Return to use or remove.	12/20/2013
Bird Protectors		Satisfactory			

Inspector Name: Waldron, Emily

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	5	400 BBLS	STEEL AST	40.385790,-108.140270	
S/U/V:	Violation		Comment: No labels on tanks. Paint inadequate.		
Corrective Action:		Install labels to comply with rule 210.d. See rule 804 for paint guidelines.			Corrective Date: 12/03/2013
Paint					
Condition	Inadequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate	Walls Insufficient		Inadequate	
Corrective Action		Repair and maintain berm.			Corrective Date 11/22/2013
Comment		Berm insufficient. Weeds growing on and in berm.			
Venting:					
Yes/No		Comment			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 222313

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: 222313 Type: WELL API Number: 081-05289 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 284545 Type: PIT API Number: - Status: AC Insp. Status: AC

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Inspector Name: Waldron, Emily

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? Fail CM _____		
	CA Remove.	CA Date	12/03/2013
	Waste Material Onsite? _____ CM _____		
	CA _____	CA Date	_____
	Unused or unneeded equipment onsite? Fail CM _____		
	CA Remove all equipment not necessary for production.	CA Date	12/03/2013
	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? _____ CM _____		
	CA _____	CA Date	_____
1003b.	Area no longer in use? Fail	Production areas stabilized ?	<u>Pass</u>
1003c.	Compacted areas have been cross ripped? _____		
1003d.	Drilling pit closed? _____	Subsidence over on drill pit? _____	
	Cuttings management: _____		
1003e.	Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Fail		
	Production areas have been stabilized? Fail	Segregated soils have been replaced? _____	
RESTORATION AND REVEGETATION			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
<u>Non-Cropland</u>			

Inspector Name: Waldron, Emily

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ F _____

Comment: _____

Overall Interim Reclamation Fail

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: No stormwater BMPs in evidence. No evidence of water leaving location. Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Inspector Name: Waldron, Emily

Pit Type: Produced Water Lined: NO Pit ID: 284545 Lat: 40.385680 Long: -108.140600

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: None Fencing Condition: Inadequate

Comment: Fence around location which is in disrepair. No fence around pit area.

Netting:

Netting Type: _____ Netting Condition: _____

Comment: No netting.

Anchor Trench Present: _____ Oil Accumulation: YES 2+ feet Freeboard: _____

Pit (S/U/V): Violation Comment: No netting. Oil in pit. Hydrocarbon sheen on water. Photo 1.

Corrective Action: Remove all oil immediately. Net pit.

Date: 11/22/2013

Permit:	Facility ID	Permit Num	Expiration Date
	284545	1433383	
	284545	1433383	

COGCC Comments

Comment	User	Date
Inspector spoke with Jason Haack 11/20/2013. Was assured that all oil would be removed from the pit and a net would be installed. Inspector requests form 42 when all work is completed.	waldrone	11/20/2013

Attached Documents

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

Document Num	Description	URL
673400135	Photo 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3233678