

**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:

11/29/2013

Document Number:

665400725

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	431310	431271	PRECUP, JIM	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:

Name of Operator: TRILOGY RESOURCES LLCAddress: 5441 BOEING DRIVE #100City: LOVELAND State: CO Zip: 80538☐ 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
Reale, Jeff	970-669-3318	jeff@mistymountainop.com	

Compliance Summary:QtrQtr: SENW Sec: 17 Twp: 4N Range: 67W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
431270	WELL	PR	06/12/2013	OW	123-36522	Wind 17-12	FR	<input checked="" type="checkbox"/>
431309	WELL	PR	06/12/2013	OW	123-36546	Wind 17-22	FR	<input checked="" type="checkbox"/>
431310	WELL	PR	06/15/2013	OW	123-36547	Wind 17-11	FR	<input checked="" type="checkbox"/>
431311	WELL	PR	06/16/2013	OW	123-36548	Wind 17-21	FR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>4</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>2</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>3</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory	battery production tanks		
WELLHEAD	Satisfactory	sign on each wellhead		
BATTERY	Satisfactory	ALL WELLS LISTED ON BATTERY SIGN		
TANK LABELS/PLACARDS	Unsatisfactory	produced water tank placarding missing NFPA sticker	Install sign to comply with rule 210.	12/31/2013

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

Comment: number listed does not say emergency contact number

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	Separator	<= 5 bbls	less than a bbl 2 ft square stained soil--repair all leaks remove or remediate all oil stained soil or or provide a plan to the cogcc according to the NTO for flood response	12/31/2013
Crude Oil	WELLHEAD	<= 5 bbls	less than 2 ft square repair all leaks on wind 17-21--and --wind 17-22	12/31/2013

☐ Multiple Spills and Releases?

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	4	Satisfactory			
Emission Control Device	2	Unsatisfactory	ECD on the north side has no fuel feed to pilot--valve off--	provide fuel and ignition to ECD or or provide a plan to the cogcc according to the NTO for flood response	12/31/2013
Bird Protectors	4	Satisfactory			
Flow Line	4	Satisfactory			
Gas Meter Run	4	Satisfactory			
Horizontal Heated Separator	2	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	100 BBLS	FIBERGLASS AST	,
S/U/V:	Satisfactory	Comment: same berm as production tanks		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date
Comment	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	3	300 BBLS	HEATED STEEL AST	,
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	Corrective Date
Comment	

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 431310

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: 431270 Type: WELL API Number: 123-36522 Status: PR Insp. Status: FR

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: shut in

Comment: _____

Facility ID: 431309 Type: WELL API Number: 123-36546 Status: PR Insp. Status: FR

Producing Well

Comment: pr

Inspector Name: PRECUP, JIM

Facility ID: 431310 Type: WELL API Number: 123-36547 Status: PR Insp. Status: FR

Producing Well

Comment: pr

Facility ID: 431311 Type: WELL API Number: 123-36548 Status: PR Insp. Status: FR

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: IRRIGATED

Comment:

1003a. Debris removed? CM
CA CA Date
Waste Material Onsite? CM
CA CA Date
Unused or unneeded equipment onsite? CM
CA CA Date
Pit, cellars, rat holes and other bores closed? 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? _____

Production areas stabilized ? _____

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? _____

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: IRRIGATED _____

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: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

