

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:
12/10/2013

Document Number:
668601776

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|---------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>207955</u> | <u>321769</u> | <u>QUINT, CRAIG</u> | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: _____

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Address: 1801 BROADWAY #500

City: DENVER State: CO Zip: 80202

- 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 |
|--------------|--------------|--------------------|------------|
| DANATO, SCOT | 303-398-0537 | sdonato@gwogco.com | Regulatory |

Compliance Summary:

QtrQtr: SENE Sec: 28 Twp: 13S Range: 47W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 12/21/2012 | 668600131 | PR | PR | Satisfactory | | | No |
| 01/10/2012 | 663900381 | PR | PR | Satisfactory | P | | No |
| 10/12/2011 | 200326758 | PR | PR | Satisfactory | | | No |
| 02/03/2010 | 200230157 | PR | PR | Satisfactory | | | No |
| 12/21/2009 | 200225245 | PR | PR | Satisfactory | | | No |
| 03/10/2008 | 200127907 | PR | PR | Satisfactory | | | No |
| 11/09/2006 | 200099065 | PR | PR | Unsatisfactory | | Fail | Yes |
| 12/06/1999 | 500139633 | PR | PR | | | Pass | No |
| 12/06/1997 | 500139632 | PR | PR | | | Fail | Yes |
| 04/15/1996 | 500139631 | PR | PR | | | Pass | No |
| 01/24/1995 | 500139630 | PR | SI | | | | |
| 12/09/1993 | 500139629 | | PR | | | Pass | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------------|--|
| 207955 | WELL | PR | 01/09/1997 | OW | 017-06890 | WECO-P DECHANT 42-28 1 | PR <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 |
|--------|-----------------------------|--------------------------------------|-------------------|------|
| Access | Satisfactory | 2 TRACK TRAIL THROUGH PASTURE GRASS. | | |

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|---|-------------------|---------|
| OTHER | Satisfactory | LEASE SIGN BY METER RUN & COMPRESSOR | | |
| BATTERY | Satisfactory | LEASE SIGN BY TANK | | |
| TANK LABELS/PLACARDS | Satisfactory | STICKERS ON TANK | | |
| WELLHEAD | Satisfactory | LEASE SIGN MOUNTED ON FLOWLINE AT WELL. | | |

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

Comment: _____

Corrective Action: _____

Spills:

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

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|---------------------|---|-----------------------------|--|-------------------|---------|
| Vertical Separator | 1 | Satisfactory | | | |
| Ancillary equipment | 3 | Satisfactory | SOLAR POWERED CATHOTIC RECTIFIER, TELEMETRY EQUIPMENT, LUBE OIL TANK W/CONTAINMENT | | |
| Deadman # & Marked | 4 | Satisfactory | | | |
| Compressor | 1 | Satisfactory | SKID MOUNTED GAS ENGINE DRIVEN COMPRESSOR, NOT IN USE. | | |

| | | | | |
|---------------|---|--------------|--|--|
| Gas Meter Run | 1 | Satisfactory | | |
|---------------|---|--------------|--|--|

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|----------|----------------|-----------------------|
| CONDENSATE | 1 | 300 BBLS | FIBERGLASS AST | 38.887720,-102.667370 |

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|------------|---------------------|---------------------|-------------|
| Earth | Inadequate | Walls Sufficient | Base Sufficient | Inadequate |

Corrective Action: **REPAIR BERM TO CONTAIN 300BBLS PLUS PRECIPITATION.** Corrective Date: 03/10/2014

Comment: **BERMS ARE WORE DOWN.**

Venting:

Yes/No: _____ Comment: _____

NO

Flaring:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------|-----------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 207955

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/UV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/UV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/UV: _____ **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: 207955 Type: WELL API Number: 017-06890 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

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: _____

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? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

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? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____ P _____

Comment: **UNUSED AREAS OF THE LOCATION ARE GRASSED OVER AND FARMED.**

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Other | Pass | Other | Pass | MHSP | Pass | |

S/U/V: Satisfactory Corrective Date: _____

Comment: **ACCESS AND LOCATION ARE GRASSED OVER.**

CA: _____

Pits: NO SURFACE INDICATION OF PIT