

**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:

12/27/2013

Document Number:

667700130

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	<u>424697</u>	<u>424701</u>	<u>LABOWSKIE, STEVE</u>	2A Doc Num: _____	

Operator Information:

OGCC Operator Number:

Name of Operator: GOSNEY & SONS INCAddress: P O BOX 367City: BAYFIELD State: CO Zip: 81122

- ☐ 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
Barnett, Matt		mattb@gosneyco.com	

Compliance Summary:QtrQtr: NENW Sec: 4 Twp: 33N Range: 7W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
424697	WELL	PR	06/01/2012	GW	067-09866	KELSALL 33-7 4-1	PR	<input checked="" type="checkbox"/>
428042	WELL	DG	06/20/2013	LO	067-09880	KELSALL 33-7 4-4	PR	<input checked="" type="checkbox"/>
428043	WELL	PR	10/02/2012	LO	067-09881	KELSALL 33-7 4-2	PR	<input checked="" type="checkbox"/>
428044	WELL	PR	05/29/2013	LO	067-09882	KELSALL 33-7 4-3	PR	<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>4</u>	Electric Motors: _____
Gas or Diesel Motors: <u>4</u>	Cavity Pumps: <u>4</u>	LACT Unit: _____	Pump Jacks: <u>4</u>
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
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	Note: wells need also need differentiation (such as a sign on pump jack with "4-1" on it.		

Inspector Name: LABOWSKIE, STEVE

TANK LABELS/PLACARDS	Unsatisfactory		Install sign to comply with rule 210.	02/03/2014
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Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flow Line	4	Satisfactory			
Pump Jack	3	Satisfactory			
Vertical Heated Separator	2	Satisfactory			
Gas Meter Run	4	Satisfactory			
Prime Mover	3	Satisfactory	natural gas engines		
Deadman # & Marked	8	Satisfactory			
Bird Protectors	3	Satisfactory			
Ancillary equipment	2	Satisfactory	telemetry		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	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) 1 heated, 1 AST

Berms

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

Corrective Action: _____ Corrective Date: _____

Comment: _____

Venting:

Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 424697

Site Preparation:

Lease Road Adeq.: Satisfactory

Pads: Satisfactory

Soil Stockpile: _____

S/U/V: Satisfactory

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: 424697 Type: WELL API Number: 067-09866 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 428042 Type: WELL API Number: 067-09880 Status: DG Insp. Status: PR

Producing Well

Comment: PR, Form 5 and 5a in database, production reported.

Facility ID: 428043 Type: WELL API Number: 067-09881 Status: PR Insp. Status: PR

Producing WellComment: PR

Facility ID: 428044 Type: WELL API Number: 067-09882 Status: PR Insp. Status: PR

Producing WellComment: 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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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: RANGELAND

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 1 NW anchor unmarked, SW down

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Pits: ☒ NO SURFACE INDICATION OF PIT