


|  |  |               |                        |  |   |    |    |    |
|--|--|---------------|------------------------|--|---|----|----|----|
| <b>FORM<br/>INSP</b><br><br>Rev<br>05/11 | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 |               |                        |  | DE  | ET | OE | ES |
|  | <b>FIELD INSPECTION FORM</b>   |               |                        |  | Inspection Date:<br><u>04/09/2014</u><br><br>Document Number:<br><u>673501003</u><br><br>Overall Inspection:<br><u>Satisfactory</u> |    |    |    |
| Location Identifier                      | Facility ID  | Loc ID        | Inspector Name:        | On-Site Inspection   |   |    |    |    |
|  | <u>232134</u>  | <u>316112</u> | <u>Covington, Dave</u> | <input type="checkbox"/>   | 2A Doc Num: _____   |    |    |    |

**Operator Information:**

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

Name of Operator: D & G ROUSTABOUT SERVICE

Address: 765 S 1/2 ROAD

City: MACK State: CO Zip: 81525

- 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            |
|-------------------|--------------|----------------------------|--------------------|
| Williamson, Craig | 970-878-3800 | cwilliamson@blm.gov        | Petroleum Engineer |
| Kellerby, Shaun   |              | shaun.kellerby@state.co.us |                    |
| Routson, Jim      | 406-245-5077 | jimroutson@lonemtnprod.com | Owner              |

**Compliance Summary:**

QtrQtr: NWSW Sec: 5 Twp: 1S Range: 103W

**Inspector Comment:**

Wellhead, pump jack, meterhouse, separator and tanks on location.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name            | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------------|-------------|-------------------------------------|
| 232134      | WELL | PR     | 11/01/2013  | GW         | 103-09805 | BANTA RIDGE 5-1-103<br>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**

**Signs/Marker:**

| Type                 | Satisfactory/Unsatisfactory | Comment                     | Corrective Action                     | CA Date    |
|----------------------|-----------------------------|-----------------------------|---------------------------------------|------------|
| TANK LABELS/PLACARDS | Unsatisfactory              | Smaller tank needs Labeling | Install sign to comply with rule 210. | 05/12/2014 |
| BATTERY              | Satisfactory                |                             |                                       |            |

|          |                |  |                                       |            |
|----------|----------------|--|---------------------------------------|------------|
| WELLHEAD | Unsatisfactory | A wellhead sign needs to be at the wellhead. | Install sign to comply with rule 210. | 05/12/2014 |
|----------|----------------|--|---------------------------------------|------------|

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? |      |        |                   |         |

**Fencing/:**

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

**Equipment:**

| Type                        | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Pump Jack                   | 1 | Satisfactory                |         |                   |         |
| Deadman # & Marked          | 4 | Satisfactory                |         |                   |         |
| Gas Meter Run               | 1 | Satisfactory                |         |                   |         |
| Bird Protectors             | 1 | Satisfactory                |         |                   |         |
| Horizontal Heated Separator | 1 | Satisfactory                |         |                   |         |

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

| Contents       | # | Capacity  | Type      | SE GPS |
|----------------|---|-----------|-----------|--------|
| PRODUCED WATER | 1 | <100 BBLS | STEEL AST | ,      |

S/U/V: Satisfactory Comment: \_\_\_\_\_

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

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
|      |          |                     |                     |             |

Corrective Action \_\_\_\_\_ Corrective Date \_\_\_\_\_

Comment \_\_\_\_\_

|                    |                             |                                   |                     |                       |  |
|--------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|--|
| <b>Facilities:</b> |                             | <input type="checkbox"/> New Tank | Tank ID: _____      |                       |  |
| Contents           | #                           | Capacity                          | Type                | SE GPS                |  |
| CONDENSATE         | 1                           | 300 BBLS                          | STEEL AST           | 39.986800,-108.988190 |  |
| S/U/V:             | Satisfactory                | Comment:                          |                     |                       |  |
| Corrective Action: |                             |                                   |                     | Corrective Date:      |  |
| <b>Paint</b>       |                             |                                   |                     |                       |  |
| Condition          | Adequate                    |                                   |                     |                       |  |
| Other (Content)    | _____                       |                                   |                     |                       |  |
| Other (Capacity)   | _____                       |                                   |                     |                       |  |
| Other (Type)       | _____                       |                                   |                     |                       |  |
| <b>Berms</b>       |                             |                                   |                     |                       |  |
| Type               | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance           |  |
| Earth              | Adequate                    | Walls Sufficient                  | Base Sufficient     | Adequate              |  |
| Corrective Action  |                             |                                   |                     | Corrective Date       |  |
| Comment            |                             |                                   |                     |                       |  |
| <b>Venting:</b>    |                             |                                   |                     |                       |  |
| Yes/No             | Comment                     |                                   |                     |                       |  |
| NO                 |                             |                                   |                     |                       |  |
| <b>Flaring:</b>    |                             |                                   |                     |                       |  |
| Type               | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date               |  |
|                    |                             |                                   |                     |                       |  |

**Predrill**

Location ID: 232134

**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: 232134 Type: WELL API Number: 103-09805 Status: PR Insp. Status: PR

**Producing Well**

Comment: Wellhead, pump jack, meterhouse, separator and tanks on location.

**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? \_\_\_\_\_ 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 REVEGETATION**

Cropland

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: \_\_\_\_\_

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms            | Pass            |                         |                       |               |                          |         |

S/U/V: Satisfactory \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment:

CA:

**Pits:**  NO SURFACE INDICATION OF PIT