

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:
04/15/2014

Document Number:
673400405

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>222917</u>	<u>312935</u>	<u>Waldron, Emily</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: _____
 Name of Operator: ANTLER ENERGY LLC
 Address: PO BOX 104
 City: BAGGS State: WY Zip: 82321

- 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
KELLERBY, SHAUN		shaun.kellerby@state.co.us	
Clay, Evans		clayevans@yahoo.com	

Compliance Summary:

QtrQtr: SWSW Sec: 8 Twp: 11N Range: 97W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/27/2010	200285212	PR	SI	Unsatisfactory			Yes

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
119670	PIT	CL	09/23/1999		-	MARTIN GOVERNMENT 1	CL <input type="checkbox"/>
119671	PIT	CL	09/23/1999		-	MARTIN GOVERNMENT 1	CL <input type="checkbox"/>
222917	WELL	SI	06/01/1993		081-06278	MARTIN-GOVERNMENT #1 (14-8)	TA <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
BATTERY	Satisfactory			
WELLHEAD	Unsatisfactory	No sign at wellhead.	Install sign to comply with rule 210.	05/15/2014
TANK LABELS/PLACARDS	Unsatisfactory	No labels on tanks.	Install sign to comply with rule 210.	05/24/2014

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

Comment: At battery. 307-380-7616

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	Old tubing, fencing, stairs and other on location.	Keep location free from debris.	05/15/2014

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Pump Jack	1	Satisfactory	Part of pump jack still at wellhead.		
Horizontal Heated Separator	1	Satisfactory			
Dehydrator	1	Satisfactory			
Deadman # & Marked		Unsatisfactory	Not all deadmen marked.	All guy line anchors left buried for future use shall be identified by a marker of bright color not less than four (4) feet in height and not greater than one (1) foot east of the guy line anchor. Rule 604.c.2(Q)	05/15/2014
Bird Protectors		Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
	2		STEEL AST	40.922070,-108.322930	
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	
Earth	Adequate	Walls Sufficient		Adequate	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No		Comment			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 222917

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: 222917 Type: WELL API Number: 081-06278 Status: SI Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: PRODUCTION RECORDS

S/V: Unsatisfactory CA Date: 04/25/2014

CA: The operator is required to contact COGCC Engineering Staff within 10 days of the date of this inspection report for approval of a schedule for either performing an MIT, or Plugging and Abandoning the well. If the MIT option is selected the well must pass an MIT to become compliant. The operator must provide ten (10) days written notice, via Form 42, to the field inspector prior to the MIT as required by Rule. If the MIT is not completed prior to a date approved by Engineering Staff or the well fails the MIT this matter will be referred to COGCC Enforcement Staff for formal proceedings. It will be to the operator's benefit to correct the violation immediately.

Comment: This well is in violation of COGCC Rules 326 and/or 319 for MITs of Shut-In or Temporarily Abandoned wells.

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: _____
Comment: _____

1003a. Debris removed? **Fail** CM _____
CA **Keep location free from debris.** CA Date **05/15/2014**
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? **Fail** CM _____
CA **Mark according to COGCC rules.** CA Date **05/15/2014**

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

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? _____ P _____

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
Berms	Pass	Ditches	Pass			
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: No apparent soil migration; erosion or soil movement.

CA: _____

Pits: NO SURFACE INDICATION OF PIT