

**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
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Inspection Date:

04/21/2014

Document Number:

673800777

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>240351</u>	<u>317999</u>	<u>Gomez, Jason</u>	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 39560Name of Operator: TOP OPERATING COMPANYAddress: 10881 ASBURY AVE STE 230City: LAKEWOOD State: CO Zip: 80227

- ☐ 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
Herring, Paul	303-727-9915	paul.herring@topoperating.com	

Compliance Summary:QtrQtr: NENE Sec: 25 Twp: 2N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/13/2014	671100051	SI	SI	ACTION REQUIRED			No
11/04/2013	668001660	SI	FR	ACTION REQUIRED	P		No
12/10/2009	200233542	PR	PR	ACTION REQUIRED			No
12/01/2009	200233268	PR	SI	ACTION REQUIRED			Yes
10/24/2003	200045648	PR	PR	ACTION REQUIRED		Fail	Yes
02/12/2003	200035038	PR	PR	SATISFACTOR Y		Pass	No
12/15/1999	200002012	PR	PR	ACTION REQUIRED			Yes
12/15/1999	200002067	PR	PR	SATISFACTOR Y		Pass	No
08/06/1997	500162280	PR	PR				
06/27/1996	500162279	PR	SI				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
103387	PIT		09/23/1999		-	SCHNEIDER 1 & 4	<input type="checkbox"/>
240351	WELL	SI	08/16/2012	OW	123-08139	SCHNEIDER 1	PA <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 Motors: _____	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/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			

Emergency Contact Number: (S/U/V) SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	ACTION REQUIRED	Unused tanks, Meter run, Separator and berms as well location have been abandone	Remove unused tanks, Meter run, Separator, complete reclamation of unused site	06/06/2014
WEEDS	ACTION REQUIRED	All locations, including wells and surface capable of production, including production facilities, shall be kept free of weeds; rubbish, and other waste material.	Remove or remediate weeds	06/06/2014

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	ACTION REQUIRED	Fencing down at well head	Remove unused fencing at wellhead	06/06/2014

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Vertical Separator	1	SATISFACTORY			
Gas Meter Run	1	ACTION REQUIRED	Stained soil leaking valve	Remove or remediate stained soil and repair leaks	06/06/2014
Vertical Heated Separator	1	SATISFACTORY			

Inspector Name: Gomez, Jason

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	40.116030,-104.832450

S/AV: **ACTION REQUIRED** Comment: **No Capacity on tanks**

Corrective Action: **Install Capacity on tanks/Remove tanks if not in use** Corrective Date: **06/06/2014**

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action _____ Corrective Date _____

Comment _____

The subreport 'rptInsp8' could not be found at the

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 240351

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 240351 Type: WELL API Number: 123-08139 Status: SI Insp. Status: PA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: PREVIOUS INSPECTION

S/A/V: SATISFACTORY CA Date: _____

CA: P&A

Comment: _____

The subreport 'rptInsp12' could not be found at the

Reclamation - Storm Water - Pit**Interim Reclamation:**

Inspector Name: Gomez, Jason

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? _____ CM _____
CA _____ CA Date _____
Guy line anchors removed? Pass CM _____
CA _____ CA Date _____
Guy line anchors marked? _____ CM _____
CA _____ CA Date _____

1003b. Area no longer in use? _____ 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? _____

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 Pass Pit mouse/rat holes, cellars backfilled In

Debris removed In No disturbance /Location never built In

Access Roads Regraded In Contoured In Culverts removed _____

Gravel removed In

Location and associated production facilities reclaimed In Locations, facilities, roads, recontoured In

Compaction alleviation _____ Dust and erosion control _____

Inspector Name: Gomez, Jason

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ In Process _____

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