

**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:

04/24/2014

Document Number:

668602547

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	208518	321918	QUINT, CRAIG	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 74250Name of Operator: RESOURCE DEVELOPMENT TECHNOLOGY LLCAddress: PO BOX 1020City: MORRISON State: CO Zip: 80465

- ☐ 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
Bowman, Tom	303-716-3200	tombowman@usermail.com	

Compliance Summary:QtrQtr: SWNE Sec: 12 Twp: 14S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/23/2013	668600663	PA	PA	ACTION REQUIRED		Fail	No
01/18/2013	668600250	PA	PA	ACTION REQUIRED		Fail	No
11/11/2011	663900071	IJ	PA	SATISFACTOR Y	P		No
07/22/2011	200316349	RT	SI	ACTION REQUIRED			Yes
08/24/2010	200267926	RT	AC	SATISFACTOR Y			No
04/19/2010	200243549	RT	AC	ACTION REQUIRED			Yes
05/14/2009	200210319	RT	AC	SATISFACTOR Y			No
05/14/2008	200189924	RT	AC	SATISFACTOR Y			No
03/28/2007	200108071	RT	AC	SATISFACTOR Y		Pass	No
05/16/2006	200090427	MI	SI	SATISFACTOR Y		Pass	No
09/21/2005	200079124	MI	AC	ACTION REQUIRED		Fail	Yes
07/28/2005	200074923	RT	AC	SATISFACTOR Y		Pass	No
07/28/2004	200058112	RT	AC	SATISFACTOR Y		Pass	No
08/19/2003	200043321	RT	AC	SATISFACTOR Y		Pass	No

Inspector Name: QUINT, CRAIG

07/31/2002	200029502	RT	AC	SATISFACTOR Y		Pass	No
08/20/2001	200019525	RT	AC	SATISFACTOR Y		Pass	No
09/22/2000	200010812	MI	AC	SATISFACTOR Y	I	Pass	No
08/29/2000	200009362	MI	SI	ACTION REQUIRED	I	Fail	Yes
05/19/1999	500140781	PR	AC			Pass	No
11/05/1997	500140780	PR	AC			Pass	No
06/13/1996	500140779	PR	AC			Pass	Yes
06/27/1995	500140778	DG	WO			Pass	Yes

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150386	UIC DISPOSAL	CL	11/11/2011		-	SMITH 1B	CL	<input type="checkbox"/>
208518	WELL	PA	11/11/2011		017-07453	SMITH 1B	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 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

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

Comment: _____

Corrective Action: _____

Spills:

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

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 208518

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: 208518 Type: WELL API Number: 017-07453 Status: PA Insp. Status: PA

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 REVEGETATIONCropland

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 PassPit mouse/rat holes, cellars backfilled PassDebris removed Pass

No disturbance /Location never built _____

Access Roads Regraded _____Contoured Fail

Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed FailLocations, facilities, roads, recontoured FailCompaction alleviation Fail

Dust and erosion control _____

Non cropland: Revegetated 80% Fail

Cropland: perennial forage _____

Weeds present PassSubsidence InComment: **EQUIPMENT HAS BEEN REMOVED, ACCESS ROAD AND LOCATION HAVE NOT BEEN RECLAIMED.**Corrective Action: **RIP AND SEED, RECLAIM ACCESS ROAD AND LOCATION**Date **05/31/2014**Overall Final Reclamation FailWell 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/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT