

**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
----	----	----	----

Inspection Date:

04/30/2014

Document Number:

668602584

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	212608	324789	QUINT, CRAIG	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 95620Name of Operator: WESTERN OPERATING COMPANYAddress: 518 17TH ST STE 200City: DENVER State: CO Zip: 80202

- ☐ 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
JAMES, STEVEN D	303-893-2438 Office	steve@westernoperating.com	President
Hart, Dale	719-688-1638 cell	dalehartwoc@fairpoint.net	

Compliance Summary:QtrQtr: NWSE Sec: 5 Twp: 19S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/25/2013	668600685	IJ	AC	SATISFACTORY Y			No
05/06/2011	200310051	RT	AC	SATISFACTORY Y			No
04/12/2010	200242417	RT	AC	SATISFACTORY Y			No
06/17/2009	200213263	RT	AC	SATISFACTORY Y			No
08/14/2008	200194051	MI	SI	SATISFACTORY Y			No
07/11/2008	200192378	MI	AC	ACTION REQUIRED			Yes
04/06/2007	200108900	RT	AC	SATISFACTORY Y		Pass	No
04/05/2007	200108855	ES	AC	ACTION REQUIRED	F	Fail	Yes
07/05/2006	200094296	RT	AC	SATISFACTORY Y		Pass	No
07/26/2005	200074848	RT	AC	SATISFACTORY Y		Pass	No
07/27/2004	200058117	RT	AC	SATISFACTORY Y		Pass	No
01/07/2004	200048739	CO	AO	ACTION REQUIRED	I	Fail	Yes
12/18/2003	200047884	CO	AO	ACTION REQUIRED	I	Fail	Yes

Inspector Name: QUINT, CRAIG

08/20/2003	200043279	MI	AC	SATISFACTOR Y		Pass	No
07/10/2003	200042389	CO	AO	ACTION REQUIRED		Fail	Yes
05/29/2003	200039871	CO	AO	ACTION REQUIRED		Fail	Yes
12/19/2001	200022586	CO	AC	SATISFACTOR Y		Pass	No
11/01/2001	200021237	CO	AC	ACTION REQUIRED		Fail	Yes
08/21/2001	200019513	MI	AC	ACTION REQUIRED		Fail	Yes
08/28/2000	200009369	RT	AC	SATISFACTOR Y	I	Pass	No
03/20/2000	200005262	PR	AC	SATISFACTOR Y	I	Pass	No
11/13/1998	500144423	PR	AC			Pass	No
08/11/1998	500144422	ES	AC			Pass	No
10/27/1995	500144421	PR	AC			Pass	No
04/07/1994	500144420		SI				
11/09/1993	500144419		AC				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150024	UIC DISPOSAL	AC	09/08/1969		-	SALT WATER DISPOSAL 1	AC	<input type="checkbox"/>
212608	WELL	SI	01/27/2014	DSPW	061-05061	WEAR 1	AC	<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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	GRAVEL ROAD THROUGH PASTURE.		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN BY WELL		

Inspector Name: QUINT, CRAIG

TANK LABELS/PLACARDS	SATISFACTORY	METAL SIGNS BY TANKS		
-------------------------	--------------	-------------------------	--	--

Emergency Contact Number (S/A/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/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY	LOCATION IS FENCED WITH WIRE.		

Venting:		
Yes/No	Comment	

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

Predrill

Location ID: 212608

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: 212608 Type: WELL API Number: 061-05061 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -16" HG Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: ABCK

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 04/25/2013

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: **CASING HAD A LIGHT VACUUM THAT DIED IMMEDIATELY, TBG IJ @ 16" VACUUM.**

Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200021602	ENVIRONM ENTAL DAMAGE	SHELTON, DAVID	ONGOING PROBLEM, FORM 18 SENT IN BY MR. DAWSON. PER MR. DAWSON: UNUSED STORAGE TANKS HAVE NOT BEEN USED FOR OVER 3 YEARS. LANDOWNER WANTS TANKS MOVED TO OPERATOR'S STORAGE FACILITY AND SITE CLEANED. HATCH COVER ON LEFT WATER STORAGE TANK THAT IS IN USE LEAKS STEADY STREAM OF SALT WATER ONTO GROUND IN AREA ACCESSIBLE TO LIVESTOCK. OPERATOR REFUSES TO TALK WITH LANDOWNER ABOUT PROBLEMS AT THIS FACILITY. PER FIELD INSPECTION 11/1/01 BY SHELTON (MET WITH MR. DAWSON AT SITE): MR. DAWSON'S COMPLAINT IS VALID. 2-300 STORAGE TANKS ARE OUTSIDE OF MAIN BATTERY AND ARE UNUSED. PRODUCED WATER IS LEAKING OUT OF OPERATIONAL TANKS AND POOLING ON GROUND WITHIN BERMS. BERMS ARE INADEQUATE TO CONTAIN CONTENTS OF LARGEST TANK (600 BBLS). OPERATIONAL TANKS ARE FENCED. SENT NOAV TO WESTERN ON 11/7/01 TO REMOVE UNUSED TANKS, FIX LEAKAGE, REBUILD BERMS.	10/01/2001

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? 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 _____
 CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? PassProduction areas have been stabilized? Pass Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-CroplandTop soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____ P _____

Comment: **UNUSED AREAS OF THE LOCATION ARE PASTURE.**Overall Interim Reclamation Pass**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 _____

Inspector Name: QUINT, CRAIG

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
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR _____ Corrective Date: _____
Y _____

Comment: _____
CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT