

**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:  
05/01/2014

Document Number:  
674600321

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                      |                          |             |
|---------------------|---------------|---------------|----------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:      | On-Site Inspection       | 2A Doc Num: |
|                     | <u>215711</u> | <u>311948</u> | <u>Maclaren, Joe</u> | <input type="checkbox"/> |             |

**Operator Information:**

OGCC Operator Number: 10098

Name of Operator: ENERVEST OPERATING LLC

Address: 1001 FANNIN ST STE 800

City: HOUSTON State: TX Zip: 77002

- 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         |
|----------------|----------------|---------------------|-----------------|
| Young, Ronnie  | 713-495-6530   | ryoung@enervest.net | SW Insp Reports |
| Galik, Shirley | (713) 495-1514 | sgalik@enervest.net | Sr. Regulatory  |

**Compliance Summary:**

QtrQtr: SWSW Sec: 32 Twp: 33N Range: 7W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/06/2007 | 200120499 | PR         | PR          | SATISFACTORY<br>Y             |          |                | No              |
| 11/10/2006 | 200085177 | PR         | PR          | SATISFACTORY<br>Y             |          | Pass           | No              |
| 12/12/2002 | 200034501 | PR         | PR          | SATISFACTORY<br>Y             |          | Pass           | No              |
| 06/29/2001 | 200018984 | PR         | PR          | SATISFACTORY<br>Y             |          | Pass           | No              |
| 02/03/2000 | 200004283 | PR         | PR          | SATISFACTORY<br>Y             |          | Pass           | No              |
| 02/11/1997 | 500149436 | PR         | PR          |                               |          | Fail           | Yes             |
| 05/16/1994 | 500149435 |            | PR          |                               |          |                |                 |

**Inspector Comment:**

Location shared with Samson Resources (API 067-08503 and 067-09198)

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 215711      | WELL | PR     | 11/20/1989  | GW         | 067-07316 | IGNACIO 33-7 14-32 | PR          | <input checked="" type="checkbox"/> |
| 260658      | WELL | PR     | 02/15/2006  | GW         | 067-08503 | IGNACIO 33-7 32-4  | PR          | <input type="checkbox"/>            |
| 285446      | WELL | PR     | 02/01/2012  | GW         | 067-09198 | IGNACIO 33-7-32 5  | PR          | <input type="checkbox"/>            |

**Equipment:**

Location Inventory

Inspector Name: Maclaren, Joe

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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): SATISFACTORY

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

Comment: \_\_\_\_\_

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

**Good Housekeeping:**

| Type             | Satisfactory/Action Required | Comment  | Corrective Action           | CA Date |
|------------------|------------------------------|--|-----------------------------|---------|
| UNUSED EQUIPMENT |                              | Unused equipment on ground near meter run. Picture uploaded. | Remove if no longer needed. |         |

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

Multiple Spills and Releases?

**Fencing/:**

| Type     | Satisfactory/Action Required | Comment                            | Corrective Action | CA Date |
|----------|------------------------------|------------------------------------|-------------------|---------|
| OTHER    | SATISFACTORY                 | Post and wire around open top tank |                   |         |
| WELLHEAD | SATISFACTORY                 | Stock Panels                       |                   |         |

**Equipment:**

| Type                        | # | Satisfactory/Action Required | Comment                     | Corrective Action | CA Date |
|-----------------------------|---|------------------------------|-----------------------------|-------------------|---------|
| Ancillary equipment         | 2 | SATISFACTORY                 | Gas line risers with valves |                   |         |
| Horizontal Heated Separator | 1 | SATISFACTORY                 |                             |                   |         |
| Ancillary equipment         | 1 | SATISFACTORY                 | Water line valve can        |                   |         |
| Ancillary equipment         | 1 | SATISFACTORY                 | Telemetry                   |                   |         |
| Deadman # & Marked          | 4 | SATISFACTORY                 |                             |                   |         |
| Plunger Lift                | 1 | SATISFACTORY                 |                             |                   |         |
| Bird Protectors             | 1 | SATISFACTORY                 |                             |                   |         |
| Flow Line                   | 1 | SATISFACTORY                 |                             |                   |         |
| Gas Meter Run               | 1 | SATISFACTORY                 |                             |                   |         |

|                    |                              |                                   |                     |                       |                 |
|--------------------|------------------------------|-----------------------------------|---------------------|-----------------------|-----------------|
| <b>Facilities:</b> |                              | <input type="checkbox"/> New Tank | Tank ID: _____      |                       |                 |
| Contents           | #                            | Capacity                          | Type                | SE GPS                |                 |
| PRODUCED WATER     | 1                            | OTHER                             | Open Top            | 37.056720,-107.637460 |                 |
| S/AV:              | SATISFACTORY                 |                                   | Comment: 125 BBLs   |                       |                 |
| 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           |                 |
| Metal              | Adequate                     | Walls Sufficient                  | Base Sufficient     | Adequate              |                 |
| Corrective Action  |                              |                                   |                     |                       | Corrective Date |
| Comment            |                              |                                   |                     |                       |                 |
| <b>Venting:</b>    |                              |                                   |                     |                       |                 |
| Yes/No             | Comment                      |                                   |                     |                       |                 |
| NO                 |                              |                                   |                     |                       |                 |
| <b>Flaring:</b>    |                              |                                   |                     |                       |                 |
| Type               | Satisfactory/Action Required | Comment                           | Corrective Action   | CA Date               |                 |
|                    |                              |                                   |                     |                       |                 |

**Predrill**

Location ID: 215711

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/AV:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

**S/AV:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**S/AV:** \_\_\_\_\_ **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: 215711 Type: WELL API Number: 067-07316 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**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? 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? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

**RESTORATION AND REVEGETATION**

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

Inspector Name: Maclaren, Joe

Comment: \_\_\_\_\_

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

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                  |               |                          |         |
|                  |                 | Culverts                | Pass                  |               |                          |         |

S/A/V: SATISFACTOR Y Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description                  | URL   |
|--------------|------------------------------|---|
| 674600324    | Unused equipment on location | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3334258">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3334258</a> |