

**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:

05/14/2014

Document Number:

673800885

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	433598	433139	Gomez, Jason	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10392Name of Operator: TEKTON WINDSOR LLCAddress: 200 PLAZA DR., STE 100City: HIGHLANDS State: CO Zip: 80129

- ☐ 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
Sommer, Jerry		jerry.sommer@tektionenergy.com	

Compliance Summary:QtrQtr: NWSW Sec: 32 Twp: 6N Range: 67W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
427324	WELL	PR	02/04/2014	LO	123-34945	PAVISTMA SOUTH 4	PR	<input checked="" type="checkbox"/>
427358	WELL	PR	03/17/2014	LO	123-34959	PAVISTMA SOUTH 5	PR	<input checked="" type="checkbox"/>
431531	WELL	PR	02/04/2014	LO	123-36650	PAVISTMA SOUTH 3	PR	<input checked="" type="checkbox"/>
431533	WELL	PR	02/04/2014	LO	123-36652	PAVISTMA SOUTH 2	PR	<input checked="" type="checkbox"/>
433598	WELL	PR	02/04/2014	LO	123-37703	PAVISTMA SOUTH 1	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>6</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>3</u>	Separators: <u>6</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>6</u>	Oil Tanks: <u>12</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			

Inspector Name: Gomez, Jason

WELLHEAD	ACTION REQUIRED	No signs at wellhead	Install sign to comply with rule 210.	06/30/2014
BATTERY	ACTION REQUIRED	No signs at battey	Install sign to comply with rule 210.	06/30/2014

Emergency Contact Number (S/A/V): ACTION

Corrective Date: 06/30/2014

Comment: No signs on wellheads

Corrective Action: Install signs to comply with COGCC rules

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	Electrical Boxes		
Veritcal Heater Treater	2	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Solar Panel		
Bird Protectors	15	SATISFACTORY			
Horizontal Heated Separator	5	SATISFACTORY			
Ancillary equipment	6	SATISFACTORY	Drop out pots		
Ancillary equipment	4	SATISFACTORY	Methonal pumps		
VRU	3	SATISFACTORY			
Emission Control Device	10	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Telemetry Equipment		
Horizontal Separator	1	SATISFACTORY			
Plunger Lift	5	SATISFACTORY			
LACT	1	SATISFACTORY			
Gas Meter Run	7	SATISFACTORY			

Inspector Name: Gomez, Jason

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	40.439170,-104.924840
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action	Corrective Date
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Comment

Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
CRUDE OIL	10	400 BBLS	STEEL AST	40.439170,-104.924840

S/A/V:	SATISFACTORY		Comment:	
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Corrective Action:	Corrective Date:
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action	Corrective Date
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Comment

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 433598

Site Preparation:

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

S/AV: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	deranleg	Permanent equipment on location shall be muffled to reduce noise, or shall be buffered on the north and east sides.	05/30/2013
OGLA	deranleg	Operator shall provide signage at the Junction of the access road leading to the pad and Weld County Road 62. The signage shall provide the following information at a minimum: 1. Contact information for Tekton Windsor, 2. Contact information for the COGCC complaint line, 3. Number of planned wells, and 4. Anticipated Schedule (From pad construction through final battery construction).	05/30/2013
Final Review	deranleg	The approval of this Form 2A is conditional upon approval of the related Form 4, Sundry Notices to move the approved wells to this surface location. No construction is authorized prior to approval of Doc #s 400412681, 400412883, 400412952, and 400413029 for the Pavistma 5 1-5-32-090-NH, Pavistma 4 1-6-32-90-NH, Frye Farms 5 7-9-32-270-4-NH, and Frye Farms 1 7-8-32-270-4-NH, respectively.	05/30/2013
OGLA	deranleg	Temporary engineering controls (consisting of perimeter sound walls, earthen berms, stacked hay bales and/or metal, synthetic or wood sheeting) shall be used on the north and east perimeters of the location during drilling and completion activities. The COGCC may require additional noise mitigation if measures taken are deemed insufficient.	05/30/2013
OGLA	deranleg	Lighting abatement measures beyond the requirements of Rule 803. shall be implemented, including the following, at a minimum: (1) rig oriented to direct light away from nearby residents; (2) install lighting shield devices on all of the more conspicuous lights; (3) low density sodium lighting; and (4) rig shrouded on the north and east sides.	05/30/2013
OGLA	deranleg	Provide temporary engineering controls to prevent uncontrolled public access during drilling and completion activities.	05/30/2013

S/AV: _____ **Comment:** _____**CA:** _____**Date:** _____**Wildlife BMPs:**

BMP Type	Comment
Planning	Access point to this site already exists and is from a county road. Operator will comply with COGCC Rule 1002.f(2).F concerning vehicle tracking control practices in order to control, alleviate or mitigate sediment discharges from the access road onto WCR 62 / Crossroads Blvd.

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: _____

Inspector Name: Gomez, Jason

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: 427324 Type: WELL API Number: 123-34945 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 427358 Type: WELL API Number: 123-34959 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 431531 Type: WELL API Number: 123-36650 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 431533 Type: WELL API Number: 123-36652 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 433598 Type: WELL API Number: 123-37703 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): _____

Inspector Name: Gomez, Jason

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: DRY LAND

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 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: DRY LAND

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Inspector Name: Gomez, Jason

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					

S/A/V: **ACTION REQUIRED** Corrective Date: **05/28/2014**

Comment: **Standing water on location**

CA: **Submit plan to resolve standing water issue on location**

Pits: ☐ NO SURFACE INDICATION OF PIT