

**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:

06/11/2014

Document Number:

671101538

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 201274 | 319759 | MONTOYA, JOHN | <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 | (303) 893-2438 | s.d.james@att.net | |
| KOEHLER, BOB | | bob.koehler@state.co.us | |
| ELLSWORTH, STUART | | stuart.ellsworth@state.co.us | |

Compliance Summary:QtrQtr: NWSW Sec: 24 Twp: 3S Range: 59W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/07/2013 | 667500193 | | | VIOLATION | | | Yes |
| 07/23/2012 | 667600591 | IJ | AC | SATISFACTOR Y | P | | No |
| 12/08/2011 | 200336714 | ES | SI | ACTION REQUIRED | | | Yes |
| 07/22/2011 | 200315991 | RT | AC | SATISFACTOR Y | | | No |
| 09/28/2010 | 200280263 | ES | SI | ACTION REQUIRED | | | Yes |
| 07/12/2010 | 200262838 | RT | SI | ACTION REQUIRED | | | Yes |
| 06/10/2010 | 200255461 | ES | SI | ACTION REQUIRED | | | No |
| 07/13/2009 | 200214591 | RT | AC | SATISFACTOR Y | | | No |
| 02/09/2009 | 200203778 | ES | AC | ACTION REQUIRED | | | Yes |
| 01/26/2009 | 200205133 | RT | AC | SATISFACTOR Y | | | No |
| 08/26/2008 | 200194795 | MI | AC | SATISFACTOR Y | | | No |
| 08/22/2007 | 200117980 | RT | AC | SATISFACTOR Y | | | No |
| 04/13/2006 | 200089421 | RT | AC | SATISFACTOR Y | | Pass | No |

Inspector Name: MONTOYA, JOHN

| | | | | | | | |
|------------|-----------|----|----|----------------------------|---|-------------|-----|
| 06/13/2005 | 200072961 | RT | AC | SATISFACTOR Y | | Pass | No |
| 05/19/2004 | 200062684 | ES | AC | ACTION REQUIRED | F | Fail | Yes |
| 02/18/2004 | 200050255 | RT | SI | SATISFACTOR Y | | Pass | No |
| 08/27/2003 | 200043185 | MI | SI | SATISFACTOR Y | | Pass | No |
| 06/26/2003 | 200040686 | RT | SI | SATISFACTOR Y | | Pass | No |
| 07/16/2002 | 200028859 | RT | AC | SATISFACTOR Y | | Pass | No |
| 08/16/2001 | 200019232 | RT | AC | SATISFACTOR Y | | Pass | No |
| 03/13/2000 | 200005507 | RT | AC | SATISFACTOR Y | | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|-----------------|--------|-------------|------------|-----------|---------------------|-------------|-------------------------------------|
| 150247 | UIC DISPOSAL | AC | 07/05/1989 | | - | DOWNING, RALPH 24-1 | AC | <input checked="" type="checkbox"/> |
| 201274 | WELL | IJ | 10/15/2011 | DSPW | 001-06677 | DOWNING, RALPH 24-1 | IJ | <input 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

| Signs/Marker: | | | | |
|----------------------|---------------------------------|---------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | | | |

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 |
| TANK BATTERY | SATISFACTORY | | | |

| | | |
|-----------------|---------|--|
| Venting: | | |
| Yes/No | Comment | |
| | | |

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

Predrill

Location ID: 201274

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: 150247 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 350

UIC RoutineInj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: MIT START 370 PSI, 5 MIN 367 PSI, 10 MIN 362PSI, 15 MIN 360 PSI MIT PASSED

Method of Injection: GRAVITY FEED

Test Type: 5 Year Tbg psi: 0 Csg psi: 370 BH psi: 0

Insp. Status: Pass

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:

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 _____ 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |
| | | | | | | |

Inspector Name: MONTOYA, JOHN

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT