

**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

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Inspection Date:

06/06/2014

Document Number:

668800032

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	418132	418137	GOODWIN, AMANDA	2A Doc Num: _____

Operator Information:OGCC Operator Number: 24461Name of Operator: DIVERSIFIED OPERATING CORPORATIONAddress: 18121-C HAMPDEN AVENUE PMB 121City: AURORA State: CO Zip: 80013

- ☐ 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
Warburton, Bill	303-384-9611	wlw4@comcast.net	
HELGELAND, GARY		gary.helgeland@state.co.us	

Compliance Summary:QtrQtr: SWNE Sec: 14 Twp: 6N Range: 61W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/26/2010	200273122	CA	DA	SATISFACTOR Y			No
09/19/2010	200271659	CC	DG	SATISFACTOR Y			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
418132	WELL	DA	09/25/2010	DA	123-31834	BABB 14-7	DA <input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: <u>1</u>
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>1</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: <u>1</u>	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>2</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: <u>1</u>	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: 418132

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:**

BMP Type	Comment
PROPOSED BMPs	<p>Diversified Operating Corporation</p> <p>15000 West 6th Avenue, Suite 102</p> <p>Golden, Colorado 80401</p> <p>Phone: 303 384 -9611</p> <p>Fax: 303 384 -9612</p> <p>June 1, 2010</p> <p>Babb 14 -7</p> <p>SWNE Sec 14 T6N R61 W 6thPM</p> <p>Weld County, Colorado</p> <p>Enclosure with Form 2A</p> <p>Site Specific Best Management Practices:</p> <p>This well is a normal "D" Sand test that will be drilled to approximately 7000'. The location is not in a critical Wildlife, Water or Sensitive area as described in the Rules. The location and road will be built using standard practices and following the rules of the Storm Water Management Plan on file, General Permit COR- 030000, Certificate # COR03D207. The terrain is very level so no large cuts will be needed to level the location. Housekeeping will consist of neat and orderly storage of materials and fluids. Wastes will be temporarily stored in containers and properly disposed of at suitable offsite facilities. If spills occur prompt clean up will be required to minimize any possible contamination of the area. All maintenance and fueling will be done with care taken to contain any fluids that might be spilled. There will be no major equipment overhauls</p> <p>done on site to minimize the possibility of any contamination of the soil. Clean up of the trash and discarded materials on the location and road will be conducted as needed and properly disposed of.</p>

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Inspector Name: GOODWIN, AMANDA

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: 418132 Type: WELL API Number: 123-31834 Status: DA Insp. Status: DA

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: _____

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: CRP

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: CRP _____

Reminder: _____

Comment: _____

Well plugged Pass Pit mouse/rat holes, cellars backfilled Pass
 Debris removed Pass No disturbance /Location never built _____
 Access Roads Regraded _____ Contoured Pass Culverts removed Pass
 Gravel removed Pass
 Location and associated production facilities reclaimed Fail Locations, facilities, roads, recontoured Pass
 Compaction alleviation _____ Dust and erosion control Pass
 Non cropland: Revegetated 80% Fail Cropland: perennial forage _____
 Weeds present Fail Subsidence Pass

Comment: Cheatgrass reduces overall coverage to less than 80% of pre-disturbance reference levels. See attached photographs.

Corrective Action: Per rule 1004, establish at least 80% coverage of reference vegetation. Date _____

Overall Final Reclamation Fail Well Release on Active Location ☐ Multi-Well Location ☐

Inspector Name: GOODWIN, AMANDA

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
S/A/V: SATISFACTOR Corrective Date: _____ Y _____						
Comment: _____						
CA: _____						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						

COGCC Comments		
Comment	User	Date
<p>This inspection for reclamation purposes only. Site does not meet rule 1004. Another final reclamation/bond release inspection will not be conducted by COGCC until a form 4 is sent in for each well and/or facility with the following attachments;</p> <p>1. An invoice showing that all work has been completed on the site that directly relates to the actions required on this inspection.</p> <p>2. Photographs of the vegetation in four cardinal directions as well as one close up of the plant community.</p> <p>3. Vegetation monitoring information conducted by a vegetation expert showing that the vegetation community meets the 80% standard in the rule.</p> <p>4. Failure to complete the corrective actions as indicated in a prompt manner may result in enforcement actions.</p>	GoodwinA	06/23/2014

Attached Documents

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

Document Num	Description	URL
668800033	123_3184_20140606_site_pictures	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3376388