

**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
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Inspection Date:

07/01/2014

Document Number:

674101004

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	217069	333086	Rickard, Jeffrey	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10312Name of Operator: PROSPECT ENERGY LLCAddress: 1301 MCKINNEY STREET #2100City: HOUSTON State: TX Zip: 77010

- ☐ 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
Martin, Dene		dmartin@memorialrd.com	Send inspections to Anthony as well
, Anthony		asayre@memorialrd.com	Send inspections to Dene as well

Compliance Summary:QtrQtr: NENW Sec: 30 Twp: 8N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/28/2013	671100342	IJ	AC	SATISFACTOR Y	P		No
08/01/2012	665400316	IJ	AC	SATISFACTOR Y	I		No
07/07/2011	200314778	RT	AC	SATISFACTOR Y			No
03/18/2011	200304596	CC	SI	SATISFACTOR Y			No
03/17/2011	200304594	CC	SI	SATISFACTOR Y			No
03/16/2011	200304590	CC	SI	SATISFACTOR Y			No
08/03/2010	200265256	PR	PR	SATISFACTOR Y			No
05/05/2010	200249299	RT	AC	SATISFACTOR Y			No
05/05/2010	200249300	RT	AC	SATISFACTOR Y			No
06/18/2009	200213366	RT	AC	SATISFACTOR Y			No
06/24/2008	200191659	RT	AC	SATISFACTOR Y			No
06/27/2007	200113717	RT	AC	SATISFACTOR Y		Pass	No
06/27/2006	200092329	MT	AC	SATISFACTOR Y		Pass	No

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07/21/2005	200074183	RT	AC	SATISFACTOR Y		Pass	No
07/13/2004	200056808	MI	AC	SATISFACTOR Y		Pass	No
06/25/2003	200040791	RT	AC	SATISFACTOR Y		Pass	No
07/23/2002	200028921	RT	AC	SATISFACTOR Y		Pass	No
07/11/2001	200017863	RT	AC	SATISFACTOR Y		Pass	No
07/27/2000	200008242	RT	AC	SATISFACTOR Y		Pass	No
05/02/1995	500151334	RT	AC			Pass	No
11/02/1994	500151333		AC			Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
217069	WELL	IJ	06/21/1985	DSPW	069-06256	MSSU 30-11	AC	<input checked="" type="checkbox"/>
217071	WELL	PR	03/30/1994	OW	069-06258	MUDDY SANDSTONE UNIT 30-13	PR	<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

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
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Shed		

Inspector Name: Rickard, Jeffrey

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Other	1	SATISFACTORY	Downhole pump		
Deadman # & Marked	4	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
			CENTRALIZED BATTERY	,	
S/A/V:			Comment: Ft Collins and Krause Plant		
Corrective Action:					Corrective Date:

Paint				
Condition				
Other (Content)				
Other (Capacity)				
Other (Type)				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Venting:		
Yes/No	Comment	
NO		

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

Predrill

Location ID: 217069

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: 217069 Type: WELL API Number: 069-06256 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 700 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: MDDY

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 03/18/2011

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

BradenHeadComment: Braden head exposed at surface.

CA: _____

CA Date: _____

Facility ID: 217071 Type: WELL API Number: 069-06258 Status: PR Insp. Status: PR

Producing WellComment: PR**BradenHead**Comment: No pressure on braden head.

CA: _____

CA Date: _____

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 _____

Inspector Name: Rickard, Jeffrey

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: SATISFACTOR
Y _____

Corrective Date: _____

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT