

**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:

07/14/2014

Document Number:

668602849

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|---|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> |
| | 206048 | 321102 | QUINT, CRAIG | 2A Doc Num: _____ |

Operator Information:OGCC Operator Number: 10330Name of Operator: INVESTMENT EQUIPMENT LLCAddress: 17509 COUNTY ROAD 14City: FT MORGAN State: CO Zip: 80701

- ☐ 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 |
|--------------|-------|-----------------------------|---------|
| Rebol, Dave | | investmentequipment@cox.net | |

Compliance Summary:QtrQtr: NWSE Sec: 2 Twp: 35S Range: 46W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 08/15/2013 | 668601218 | IJ | SI | SATISFACTORY | | | No |
| 07/11/2013 | 668601066 | IJ | SI | ACTION REQUIRED | P | | No |
| 07/27/2011 | 200316361 | RT | SI | ACTION REQUIRED | | | Yes |
| 06/22/2010 | 200257307 | RT | SI | ACTION REQUIRED | | | Yes |
| 08/03/2009 | 200216171 | RT | SI | ACTION REQUIRED | | | Yes |
| 02/17/2009 | 200207482 | ES | AC | ACTION REQUIRED | | | Yes |
| 07/16/2008 | 200193290 | RT | SI | SATISFACTORY | | | No |
| 09/20/2007 | 200119162 | MI | SI | SATISFACTORY | | | No |
| 05/02/2007 | 200110311 | RT | UN | ACTION REQUIRED | | Fail | Yes |
| 08/01/2006 | 200094743 | RT | AC | ACTION REQUIRED | | Fail | Yes |
| 02/10/2005 | 200066922 | RT | AC | SATISFACTORY | | Pass | No |
| 08/10/2004 | 200058051 | RT | AC | SATISFACTORY | | Pass | No |
| 07/29/2003 | 200042206 | MI | AC | SATISFACTORY | | Pass | No |
| 08/08/2002 | 200029682 | RT | AC | SATISFACTORY | | Pass | No |

Inspector Name: QUINT, CRAIG

| | | | | | | | |
|------------|-----------|----|----|------------------|---|------|----|
| 08/23/2001 | 200019480 | RT | AC | SATISFACTOR Y | | Pass | No |
| 02/23/2001 | 200015391 | PR | AC | SATISFACTOR Y | I | Pass | No |
| 03/03/2000 | 200005082 | RT | AC | SATISFACTOR Y | I | Pass | No |
| 05/04/1999 | 500136415 | PR | AC | | | Pass | No |
| 06/11/1998 | 500136414 | PR | AC | | | Pass | No |
| 02/13/1997 | 500136413 | PR | AC | | | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 206048 | WELL | SI | 05/27/2014 | OW | 009-06464 | TSRU 204W | SI | <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

| Lease Road: | | | | |
|--------------------|------------------------------|--|-------------------|------|
| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
| Access | SATISFACTORY | GRAVEL ROAD THROUGH PASTURE WITH A CATTLE GUARD. | | |

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

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

☐ Multiple Spills and Releases?

| Fencing/: | | | | |
|------------------|------------------------------|---|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | STEEL PANELS AROUND ALL WELLHEAD EQUIPMENT | | |

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

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

Predrill

Location ID: 206048

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: 206048 Type: WELL API Number: 009-06464 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -20.5" HG
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: LNSNGTC: Pressure or inches of Hg 0 PSIGPrevious Test Pressure _____ Last MIT: 08/15/2013

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTReq: NOComment: **WELL WAS NOT INJECTING AT TIME OF INSPECTION, CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG HAD 20.5" VACUUM.**Method of Injection: PUMP FEED

Test Type: _____

Tbg psi: _____

Csg psi: _____

BH psi: _____

Insp. Status: _____

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? 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? _____ 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? PassProduction areas have been stabilized? Pass Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-CroplandTop soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____ P _____

Comment: **UNUSED AREAS OF THE LOCATION ARE PASTURE.**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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Other | Pass | Other | Pass | | | |

Inspector Name: QUINT, CRAIG

| | | | | | | |
|------------|------|------------|------|--|--|--|
| Compaction | Pass | Compaction | Pass | | | |
| Gravel | Pass | Gravel | Pass | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: ACCESS AND LOCATION ARE PARTIALLY COVERED WITH GRASS.

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT