

**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:

07/16/2014

Document Number:

668602868

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	206042	321101	QUINT, CRAIG	<input type="checkbox"/>	

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: SWNE Sec: 11 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	668601235	SI	SI	SATISFACTORY			No
07/11/2013	668601064	SI	SI	ACTION REQUIRED	P		No
08/23/2012	668200133	SI	TA	VIOLATION			Yes
07/27/2011	200316360	RT	SI	ACTION REQUIRED			Yes
06/22/2010	200257336	RT	SI	ACTION REQUIRED			Yes
08/03/2009	200216210	RT	SI	ACTION REQUIRED			Yes
02/17/2009	200207496	ES	SI	ACTION REQUIRED			Yes
07/16/2008	200193297	MI	SI	SATISFACTORY			No
07/11/2007	200114839	RT	SI	SATISFACTORY		Pass	No
08/01/2006	200094749	RT	AC	SATISFACTORY		Pass	No
02/10/2005	200066923	RT	SI	SATISFACTORY		Pass	No
08/10/2004	200058057	RT	SI	SATISFACTORY		Pass	No
07/29/2003	200042220	MI	SI	SATISFACTORY		Pass	No
08/08/2002	200029692	RT	AC	SATISFACTORY		Pass	No

Inspector Name: QUINT, CRAIG

08/23/2001	200019481	RT	AC	SATISFACTOR Y		Pass	No
02/23/2001	200015394	PR	AC	SATISFACTOR Y	I	Pass	No
03/03/2000	200005080	RT	AC	SATISFACTOR Y	I	Pass	No
05/04/1999	500136412	PR	AC			Pass	No
06/11/1998	500136411	PR	AC			Pass	No
02/13/1997	500136410	PR	AC			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
206042	WELL	SI	05/27/2014	OW	009-06458	TSRU 701W	AC	<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.		

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: 206042

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: 206042 Type: WELL API Number: 009-06458 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -6" HG
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: LNSNG

TC: Pressure or inches of Hg 0 PSIG

Previous Test Pressure _____ Last MIT: 08/15/2013

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTReq: NO

Comment: NOT INJECTING AT TIME OF INSPECTION, CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG HAD 6" 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? Pass 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? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top 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

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: _____	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date _____	
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>
	Multi-Well Location <input type="checkbox"/>

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			

Inspector Name: QUINT, CRAIG

Gravel	Pass	Gravel	Pass			
Other	Pass	Other	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: ACCESS AND LOCATION ARE PARTIALLY GRASSED OVER.

CA: _____

Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT	
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