

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:
07/16/2014

Document Number:
668602871

Overall Inspection:

ACTION REQUIRED

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|---------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>206037</u> | <u>321099</u> | <u>QUINT, CRAIG</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>10330</u> |
| Name of Operator: | <u>INVESTMENT EQUIPMENT LLC</u> |
| Address: | <u>17509 COUNTY ROAD 14</u> |
| City: | <u>FT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u> |

- 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:

| Qtr | Qtr: | Sec: | Twp: | Range: |
|-----|-------------|----------|------------|------------|
| | <u>SESE</u> | <u>2</u> | <u>35S</u> | <u>46W</u> |

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 08/23/2012 | 668200131 | SI | TA | VIOLATION | | | Yes |
| 08/12/2010 | 200285246 | PR | SI | ACTION REQUIRED | | | Yes |
| 08/03/2009 | 200216213 | PR | SI | ACTION REQUIRED | | | Yes |
| 05/11/2009 | 200210278 | PR | WO | ACTION REQUIRED | | | Yes |
| 02/17/2009 | 200207497 | ES | SI | ACTION REQUIRED | | | Yes |
| 07/11/2007 | 200114836 | PR | SI | SATISFACTOR Y | | Pass | No |
| 08/01/2006 | 200095228 | PR | PR | SATISFACTOR Y | | Pass | No |
| 07/28/2003 | 200042224 | PR | PR | SATISFACTOR Y | | Pass | No |
| 02/23/2001 | 200015400 | PR | PR | SATISFACTOR Y | I | Pass | No |
| 03/03/2000 | 200005068 | PR | PR | SATISFACTOR Y | I | Pass | No |
| 05/04/1999 | 500136403 | PR | PR | | | Pass | No |
| 06/11/1998 | 500136402 | PR | PR | | | Pass | No |
| 02/13/1997 | 500136401 | PR | PR | | | Pass | No |
| 02/16/1995 | 500136400 | PR | PR | | | | |

Inspector Comment:

| Related Facilities: | | | | | | | | |
|---------------------|------|--------|-------------|------------|-----------|-----------------|-------------|-------------------------------------|
| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
| 206037 | WELL | PR | 01/27/2014 | OW | 009-06453 | TANNER SECU 401 | 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 | DIRT 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: _____

| Good Housekeeping: | | | | |
|--------------------|------------------------------|-------------------------------------|--|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| UNUSED EQUIPMENT | SATISFACTORY | RODS STACKED UP NEATLY ON LOCATION. | REMOVE IN THE NEAR FUTURE IF NOT USED. | |

| 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 |
| WELLHEAD | SATISFACTORY | STEEL PANELS AROUND ALL WELLHEAD EQUIPMENT | | |

| Equipment: | | | | | |
|------------------|---|------------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Submersible Pump | 1 | SATISFACTORY | | | |

| | | | | | |
|---------------------|---|------------------------|---|--|------------|
| Ancillary equipment | 6 | ACTION REQUIRED | ELEC PANEL, CONTROL PANEL, TRANSFORMER, CATHOTIC RECTIFIER, TELEMETRY, 2- CHEMICAL TANKS, 1-WITHOUT BMP. | INSTALL BMP OR REMOVE TANK. | 10/16/2014 |
|---------------------|---|------------------------|---|--|------------|

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|---------------------|-----------------------|
| | | | CENTRALIZED BATTERY | 37.016060,-102.563200 |

S/A/V: SATISFACTORY Comment: **CENTRAL BATTERY 1330' S**

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: 206037

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: 206037 Type: WELL API Number: 009-06453 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: **ELEC SWITCH SHUT OFF, WELLHEAD IS SHUT IN.**

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: _____

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? 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 _____

Inspector Name: QUINT, CRAIG

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

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | MHSP | Fail | |

S/A/V: **ACTION REQUIRED** Corrective Date: **10/16/2014**

Comment: **CHEMICAL TANK WITHOUT BMP.**

CA: **INSTALL BMP OR REMOVE TANK.**

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

| Document Num | Description | URL |
|--------------|-------------|---|
| 668602872 | NO BMP | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3388637 |