

**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:  
668602880

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                     |                          |             |
|---------------------|---------------|---------------|---------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:     | On-Site Inspection       | 2A Doc Num: |
|                     | <u>206025</u> | <u>321094</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                         |          |                |                 |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| N          | W         | 12         | 35S         | 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 | 668601221 | IJ         | SI          | SATISFACTORY Y                |          |                | No              |
| 07/11/2013 | 668601063 | IJ         | SI          | ACTION REQUIRED               |          |                | No              |
| 08/23/2012 | 668200137 | IJ         | TA          | VIOLATION                     |          |                | Yes             |
| 07/27/2011 | 200316357 | RT         | SI          | ACTION REQUIRED               |          |                | Yes             |
| 06/22/2010 | 200257302 | RT         | SI          | ACTION REQUIRED               |          |                | Yes             |
| 08/03/2009 | 200216219 | RT         | SI          | ACTION REQUIRED               |          |                | Yes             |
| 07/16/2008 | 200193299 | RT         | SI          | SATISFACTORY Y                |          |                | No              |
| 09/20/2007 | 200119163 | MI         | SI          | SATISFACTORY Y                |          |                | No              |
| 07/11/2007 | 200114835 | RT         | SI          | ACTION REQUIRED               |          | Fail           | Yes             |
| 08/01/2006 | 200094747 | RT         | SI          | SATISFACTORY Y                |          | Pass           | No              |
| 02/10/2005 | 200066927 | RT         | SI          | SATISFACTORY Y                |          | Pass           | No              |
| 08/10/2004 | 200058065 | RT         | SI          | SATISFACTORY Y                |          | Pass           | No              |
| 07/28/2003 | 200042218 | RT         | AC          | SATISFACTORY Y                |          | Pass           | No              |
| 08/21/2002 | 200029700 | MI         | AC          | SATISFACTORY Y                |          | Pass           | No              |

Inspector Name: QUINT, CRAIG

|            |           |    |    |                        |   |             |     |
|------------|-----------|----|----|------------------------|---|-------------|-----|
| 08/08/2002 | 200029699 | RT | AC | <b>ACTION REQUIRED</b> |   | <b>Fail</b> | Yes |
| 08/23/2001 | 200019483 | RT | AC | SATISFACTOR Y          |   | Pass        | No  |
| 02/23/2001 | 200015395 | PR | AC | SATISFACTOR Y          | I | Pass        | No  |
| 03/03/2000 | 200005078 | RT | AC | SATISFACTOR Y          | I | Pass        | No  |
| 05/04/1999 | 500136381 | PR | AC |                        |   | Pass        | No  |
| 06/11/1998 | 500136380 | PR | PR |                        |   | Pass        | No  |
| 02/13/1997 | 500136379 | PR | AC |                        |   | Pass        | No  |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 206025      | WELL | SI     | 05/27/2014  | DSPW       | 009-06441 | TSRU 1001W    | 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                 | <b>GRAVEL ROAD THROUGH PASTURE.</b> |                   |      |

**Signs/Marker:**

| Type     | Satisfactory/Action Required | Comment                   | Corrective Action | CA Date |
|----------|------------------------------|---------------------------|-------------------|---------|
| WELLHEAD | SATISFACTORY                 | <b>LEASE SIGN BY WELL</b> |                   |         |

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

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Spills:**

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

Multiple Spills and Releases?

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

| <b>Equipment:</b>   |   |                              |  |                   |         |
|---------------------|---|------------------------------|--|-------------------|---------|
| Type                | # | Satisfactory/Action Required | Comment  | Corrective Action | CA Date |
| Ancillary equipment | 2 | SATISFACTORY                 | SOLAR POWERED CATHODIC RECTIFIER, FIBERGLASS SHED OVER WELLHEAD. |                   |         |

| <b>Venting:</b> |         |
|-----------------|---------|
| Yes/No          | Comment |
|                 |         |

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

**Predrill**

Location ID: 206025

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/AV:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

**S/AV:** \_\_\_\_\_ **Comment:**

**CA:**  **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**S/AV:** \_\_\_\_\_ **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: 206025 Type: WELL API Number: 009-06441 Status: SI Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg -20" 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 WAS DEAD, TBG HAD 20" 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? 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

**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

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

S/A/V: SATISFACTOR                      Corrective Date: \_\_\_\_\_  
Y \_\_\_\_\_

Comment: ACCESS AND LOCATION ARE PARTIALLY COVERED WITH NATURAL VEGETATION.

CA: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT