

**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:

07/24/2014

Document Number:

674600667

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	295721	334029	Maclaren, Joe	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 34725Name of Operator: GOSNEY & SONS INCAddress: P O BOX 367City: BAYFIELD State: CO Zip: 81122

- ☐ 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
Barnett, Matt		mattb@gosneyco.com	

Compliance Summary:QtrQtr: NENW Sec: 24 Twp: 32N Range: 6W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/06/2012	669400236	PR	PR	SATISFACTORY	I		No
03/19/2011	200302459	PR	PR	SATISFACTORY			No
10/14/2010	200285234	BH	PR	SATISFACTORY			No
01/06/2010	200226508	PR	PR	SATISFACTORY			No
01/06/2010	200226258	ES	PR	SATISFACTORY			No

Inspector Comment:

The tank labeling has been updated to comply with rule 210d since the last inspection #669400236 performed on 11/06/2012.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
205286	WELL	AL	12/22/1991	LO	007-06166	BONE 32-6-24 1	AL
275602	WELL	PR	10/23/2006	GW	007-06208	CONLEY 6	PR
295721	WELL	PR	06/28/2010	GW	007-06251	CONLEY 6-A	PR
295728	WELL	PR	06/28/2010	GW	007-06250	CONLEY 6-B	PR

Equipment:**Location Inventory**

Inspector Name: Maclaren, Joe

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
STORAGE OF SUPL		Casing and irrigation pipe, metal trusses being stored neatly on south end of location.		
WEEDS		Weeds observed around separator and inside produced water tank berm area.	Control (spray) weeds and prevent future growth around equipment and inside berm area as soon as practical.	

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	Domestic Gas Tap Equipment		
Deadman # & Marked			Located 4 rig anchors with only 2 currently marked.	Locate and mark all rig anchors per Rule 1003.a	

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 295721

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: 275602 Type: WELL API Number: 007-06208 Status: PR Insp. Status: PR

Facility ID: 295721 Type: WELL API Number: 007-06251 Status: PR Insp. Status: PR

Facility ID: 295728 Type: WELL API Number: 007-06250 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

Inspector Name: Maclaren, Joe

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 _____
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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 Date _____
	Waste Material Onsite?	Pass	CM	_____	CA Date _____
	Unused or unneeded equipment onsite?	In	CM	Materials being neatly stored on south end of well pad.	CA Date _____
	Pit, cellars, rat holes and other bores closed?	Pass	CM	_____	CA Date _____
	Guy line anchors removed?		CM	_____	CA Date _____
	Guy line anchors marked?	In	CM	2 of 4 anchors located were marked.	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? _____

Production areas have been stabilized? In Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Inspector Name: Maclaren, Joe

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: Minimal revegetation established along cut slope on the east side of well pad.

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
Gravel	Pass	Gravel	Pass			
		Culverts	Pass			
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: Stock pond located near the west side of well pad/ interim disturbance area.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT