

**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

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Inspection Date:

08/09/2014

Document Number:

668402519

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	283919	324483	BROWNING, CHUCK	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10515Name of Operator: GUNNISON ENERGY LLCAddress: 1801 BROADWAY #1200City: DENVER State: CO Zip: 80202

- ☐ 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
Arsenault, Alan	970-874-4333	al.arsenault@oxbow.com	Operatons Foreman
Johnson, Patty	303-291-1243	patty.johnson@oxbow.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Compliance Summary:QtrQtr: SENW Sec: 18 Twp: 12S Range: 89W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/17/2013	668401755	SI	SI	SATISFACTORY Y	P		No
08/29/2013	670200804			SATISFACTORY Y			No
10/09/2012	668400725	IJ	AC	SATISFACTORY Y			No
03/22/2012	668400039	IJ	AC	SATISFACTORY Y	P		No
05/26/2011	200316849	RT	AC	SATISFACTORY Y			No
08/18/2010	200267482	RT	AC	SATISFACTORY Y			No
06/08/2010	200262205	SR	AC	SATISFACTORY Y			No
08/17/2009	200216823	RT	AC	SATISFACTORY Y			No
03/16/2007	200108091	MI	PD	ACTION REQUIRED	I	Fail	No

Inspector Comment:

UIC - Routine inspection

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159183	UIC DISPOSAL	AC	06/12/2007		-	HOTCHKISS 1289 #18-22D	AC	<input checked="" type="checkbox"/>

Inspector Name: BROWNING, CHUCK

283919	WELL	SI	04/14/2014	GW	051-06073	HOTCHKISS FEDERAL 12-89 18-22D	SI	<input checked="" type="checkbox"/>
284077	PIT	AC	04/07/2006		-	HOTCHKISS FEDERAL 18-22D	AC	<input type="checkbox"/>
412982	WELL	AL	12/06/2011	LO	051-06091	HOTCHKISS FEDERAL 1289 18-22A	AL	<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>3</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>4</u>	Separators: <u>3</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: <u>3</u>	LACT Unit: <u>1</u>	Pump Jacks: _____
Electric Generators: <u>1</u>	Gas Pipeline: <u>3</u>	Oil Pipeline: _____	Water Pipeline: <u>3</u>
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: <u>1</u>	Flare: <u>3</u>	Fuel Tanks: <u>1</u>

Location**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Main	SATISFACTORY			
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Prime Mover	1	SATISFACTORY	Pump House		
Ancillary equipment	1	SATISFACTORY	Generator		

Inspector Name: BROWNING, CHUCK

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	6	400 BBLS	STEEL AST	,-107.380146	
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No		Comment			
NO					
Flaring:					
Type	Satisfactory/Action Required		Comment	Corrective Action	CA Date

Predrill

Location ID: 283919

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	lindblos	Operator shall comply with BMPs described in the Comprehensive Drilling Plan, Order 1-143. Operator shall line pits constructed at the Oil and Gas Location.	07/30/2009

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: 159183 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 752

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **UIC - Routine inspection**

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 283919 Type: WELL API Number: 051-06073 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 38 _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: MRON

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 10/17/2013

Brhd: Pressure or inches of Hg 55 _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **UIC - Routine inspection. No active injection at time of inspection.**

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: RANGELAND

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? _____ Subsidence over on drill pit? _____

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? _____**RESTORATION AND REVEGETATION**Cropland

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

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

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Overall Interim Reclamation Pass**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Inspector Name: BROWNING, CHUCK

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:	<input type="text"/>		
Corrective Action:	<input type="text"/>	Date	_____
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>	

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass	MHSP	Pass	

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

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	284077	1433363	
	284077	1433363	