

**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:

08/06/2014

Document Number:

673900434

Overall Inspection:

**ACTION REQUIRED****FIELD INSPECTION FORM**

|                     |               |               |                    |  |
|---------------------|---------------|---------------|--------------------|--|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:    | On-Site Inspection                         |
|                     | <u>417623</u> | <u>309871</u> | <u>Rains, Bill</u> | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**OGCC Operator Number: 10110Name of Operator: GREAT WESTERN OPERATING COMPANY LLCAddress: 1801 BROADWAY #500City: 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                                 |
|---------------|----------------|----------------------|---|
| Musgrave, Tim | 1-970-768-6097 | tmusgrave@gwogco.com | Send all insp to him he will distribute |

**Compliance Summary:**QtrQtr: SWSE Sec: 8 Twp: 6N Range: 63W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 09/29/2010 | 200273956 | CC         | DG          | <b>ACTION REQUIRED</b>        |          |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|----------------|--|
| 294561      | WELL | PR     | 01/15/2010  | GW         | 123-25496 | CACHE 8-54     | PR <input checked="" type="checkbox"/> |
| 417623      | WELL | PR     | 11/01/2012  | GW         | 123-31704 | NEW CACHE 8-43 | PR <input checked="" type="checkbox"/> |

**Equipment:****Location Inventory**

|                             |                         |                     |                         |
|-----------------------------|-------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>2</u>     | Production Pits: _____  |
| Condensate Tanks: _____     | Water Tanks: _____      | Separators: _____   | Electric Motors: _____  |
| Gas or Diesel Motors: _____ | 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**

| <b>Signs/Marker:</b> |                              |  |  |                   |
|----------------------|------------------------------|--|--|-------------------|
| Type                 | Satisfactory/Action Required | Comment                                    | Corrective Action                            | CA Date           |
| TANK LABELS/PLACARDS | <b>ACTION REQUIRED</b>       | <b>NO CONTENT OR CAPACITY ON EAST TANK</b> | <b>Install sign to comply with rule 210.</b> | <b>08/20/2014</b> |

Inspector Name: Rains, Bill

|          |                 |                  |                                       |            |
|----------|-----------------|------------------|---------------------------------------|------------|
| BATTERY  | ACTION REQUIRED | NO LOCATION SIGN | Install sign to comply with rule 210. | 08/20/2014 |
| WELLHEAD | SATISFACTORY    |                  |                                       |            |

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

Corrective Date: 08/20/2014

Comment: NO EMERGENCY CONTACT SIGN

Corrective Action: INSTALL EMERGENCY AND LOCATION SIGN

**Good Housekeeping:**

| Type  | Satisfactory/Action Required | Comment                  | Corrective Action | CA Date    |
|-------|------------------------------|--------------------------|-------------------|------------|
| WEEDS | ACTION REQUIRED              | WEED AROUND TANK BATTERY | CONTROL WEED      | 08/20/2014 |

**Spills:**

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

☐ Multiple Spills and Releases?

**Fencing/:**

| Type               | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|--------------------|------------------------------|---------|-------------------|---------|
| SEPARATOR          | SATISFACTORY                 | WIRE    |                   |         |
| TANK BATTERY       | SATISFACTORY                 | WIRE    |                   |         |
| WELLHEAD           | SATISFACTORY                 | PIPE    |                   |         |
| IGNITOR/COMBUST OR | SATISFACTORY                 | WIRE    |                   |         |

**Equipment:**

| Type                        | # | Satisfactory/Action Required | Comment   | Corrective Action | CA Date |
|-----------------------------|---|------------------------------|-----------|-------------------|---------|
| Gas Meter Run               | 2 | SATISFACTORY                 |           |                   |         |
| Emission Control Device     | 1 | SATISFACTORY                 |           |                   |         |
| Ancillary equipment         | 1 | SATISFACTORY                 | METH PUMP |                   |         |
| Bird Protectors             | 3 | SATISFACTORY                 |           |                   |         |
| Plunger Lift                | 3 | SATISFACTORY                 |           |                   |         |
| Horizontal Heated Separator | 2 | SATISFACTORY                 |           |                   |         |

Inspector Name: Rains, Bill

|                    |              |                                   |                  |        |
|--------------------|--------------|-----------------------------------|------------------|--------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____   |        |
| Contents           | #            | Capacity                          | Type             | SE GPS |
| PRODUCED WATER     | 1            | 100 BBLS                          | PBV FIBERGLASS   | ,      |
| 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 |
|      |          |                     |                     |             |

|                   |  |  |  |                 |  |
|-------------------|--|--|--|-----------------|--|
| Corrective Action |  |  |  | Corrective Date |  |
|-------------------|--|--|--|-----------------|--|

|         |  |  |  |  |  |
|---------|--|--|--|--|--|
| Comment |  |  |  |  |  |
|---------|--|--|--|--|--|

|                    |                                   |                |
|--------------------|-----------------------------------|----------------|
| <b>Facilities:</b> | <input type="checkbox"/> New Tank | Tank ID: _____ |
|--------------------|-----------------------------------|----------------|

|            |   |          |           |                        |
|------------|---|----------|-----------|------------------------|
| Contents   | # | Capacity | Type      | SE GPS                 |
| CONDENSATE | 2 | 300 BBLS | STEEL AST | 40.495370, -104.454870 |

|        |              |  |          |  |
|--------|--------------|--|----------|--|
| 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 |
| Earth | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |

|                   |  |  |  |                 |  |
|-------------------|--|--|--|-----------------|--|
| Corrective Action |  |  |  | Corrective Date |  |
|-------------------|--|--|--|-----------------|--|

|         |  |  |  |  |  |
|---------|--|--|--|--|--|
| Comment |  |  |  |  |  |
|---------|--|--|--|--|--|

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

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

**Predrill**

Location ID: 417623

**Site Preparation:**

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

**S/A/V:** \_\_\_\_\_

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

**Form 2A COAs:**

| Group  | User     | Comment   | Date       |
|--------|----------|---|------------|
| Agency | andrewsd | Operator must implement best management practices to contain any unintentional release of fluids.   | 05/06/2010 |
| Agency | andrewsd | Location is in a sensitive area because of close proximity to surface water, therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. | 05/06/2010 |

**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: 294561 Type: WELL API Number: 123-25496 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

Facility ID: 417623 Type: WELL API Number: 123-31704 Status: PR Insp. Status: PR

**Producing Well**Comment: **PR****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): Y

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

Pilot: ON Wildlife Protection Devices (fired vessels): YES**Reclamation - Storm Water - Pit****Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: IMPROVED PASTURE

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? \_\_\_\_\_

Inspector Name: Rains, Bill

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? 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 \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

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

Overall Interim Reclamation In Process

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: IMPROVED PASTURE

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                  | MHSP          | Fail                     | METH CONTAINMENT NEEDS CLEANED OUT |

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

Y

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

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

**Pits:** ☒ NO SURFACE INDICATION OF PIT