

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:
08/20/2014

Document Number:
673801301

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>426310</u>	<u>423325</u>	<u>Gomez, Jason</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: 57667 Name of Operator: MINERAL RESOURCES INC
 Address: PO BOX 328
 City: GREELEY State: CO Zip: 80632

Contact Information:

Contact Name	Phone	Email	Comment
Richardson, Collin	970-590-7523	collin@mineralresourcesinc.com	
Helgeland, Gary		gary.helgeland@state.co.us	

Compliance Summary:

QtrQtr: SENE Sec: 2 Twp: 5N Range: 66W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
426309	WELL	XX	07/29/2013	LO	123-34639	Ditch 5-1-2	<input type="checkbox"/>
426310	WELL	PR	02/23/2013	OW	123-34640	WESTMOOR 5 2-6-2	<input checked="" type="checkbox"/>
426311	WELL	XX	07/29/2013	LO	123-34641	Ruyle 7-3-2	<input type="checkbox"/>
426313	WELL	AL	03/21/2012	LO	123-34643	Bestway 6-2-2	<input type="checkbox"/>
426315	WELL	AL	03/21/2012	LO	123-34645	Pheasant 5 2-2-2	<input type="checkbox"/>
426317	WELL	XX	07/29/2013	LO	123-34647	Stoney 7-1-2	<input type="checkbox"/>
426319	WELL	PR	02/23/2013	OW	123-34649	Bestway 12-2	<input checked="" type="checkbox"/>
426323	WELL	XX	07/29/2013	LO	123-34651	Johnson 5-3-2	<input type="checkbox"/>
426324	WELL	AL	01/23/2014	LO	123-34652	Franklin Park 2-6-1	<input type="checkbox"/>
428756	WELL	PR	06/10/2013	OW	123-35501	POUDRE TRAIL 5 2-2-1	<input checked="" type="checkbox"/>
428757	WELL	DG	09/17/2013	DA	123-35502	BESTWAY 6-11	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>40</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>5</u>	Separators: <u>10</u>	Electric Motors: _____
Gas or Diesel Mortors: <u>1</u>	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: <u>1</u>	VOC Combustor: <u>1</u>	Oil Tanks: <u>10</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	No sign for the Pouder Trail 5-2-2-1	Install sign to comply with rule 210.	10/07/2014
WELLHEAD	Satisfactory			
WELLHEAD	Satisfactory			
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Satisfactory	All locations, including wells and surface capable of production, including production facilities, shall be kept free of weeds; rubbish, and other waste material.	Remove or remediate weeds from location	09/30/2014

Spills:				
Type	Area	Volume	Corrective action	CA Date
Other		<= 5 bbls	Approx 2'x2' stained soil on flange to LACT. Repair leak and remove or remediate stained soil	09/30/2014
Other		<= 5 bbls	Approx 3'x1' stained soil by compressor NE corner. Repair leak and remove or remediate stained soil	09/30/2014

Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory	6' chain link		
WELLHEAD	Satisfactory	6' chain link		
WELLHEAD	Satisfactory	6' chain link		
WELLHEAD	Satisfactory	6' chain link		
WELLHEAD	Satisfactory	6' chain link		
SEPARATOR	Satisfactory	6' chain lin		
SEPARATOR	Satisfactory	6' chain link		
SEPARATOR	Satisfactory	6' chain link		
OTHER	Satisfactory	ECD 6' chain link		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	1	Satisfactory	Methonal pump w/containment		
LACT	1	Satisfactory			

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Horizontal Heated Separator	4	Satisfactory		
Ancillary equipment	4	Satisfactory	Electrical control boxes	
Gas Meter Run	4	Satisfactory		
VRU	1	Satisfactory		
Emission Control Device	3	Satisfactory		
Plunger Lift	2	Satisfactory		
Compressor	1	Satisfactory		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 BBLS	FIBERGLASS AST	40.430840,-104.738550
S/U/V:	Satisfactory		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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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				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	10	400 BBLS	STEEL AST	40.430840,-104.738550
S/U/V:	Satisfactory		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action	repair leaks on piping and remove or remediate stained soil			Corrective Date 09/30/2014
Comment	Stained soil in berm area			

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 426310

Site Preparation:

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

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

Form 2A COAs:

Comment: _____

CA: _____ **Date:** _____

Wildlife BMPs:

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: 426310 Type: WELL API Number: 123-34640 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 426319 Type: WELL API Number: 123-34649 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 428756 Type: WELL API Number: 123-35501 Status: PR Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: T/A

Comment: _____

Facility ID: 428757 Type: WELL API Number: 123-35502 Status: DG 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: INDUSTRIAL

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? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass 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? In

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 In

1003 f. Weeds Noxious weeds? I

Comment: _____

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

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

Final Land Use: INDUSTRIAL

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 Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Gravel	Pass	VT	Pass	

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Gravel	Pass					
S/U/V: Satisfactory		Corrective Date: _____				
Comment:		<input type="text"/>				
CA:		<input type="text"/>				