

Inspector Name: QUINT, CRAIG

**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:

668603058

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>438083</u>	<u>438081</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10498 Name of Operator: H2E OPERATIONS LLCAddress: 2150 ANDREA LANECity: FORT MYERSState: FLZip: 33912**Contact Information:**

Contact Name	Phone	Email	Comment
EWING JR. JOHN	(239) 481-3539	jack@h2ellc.com	

Compliance Summary:QtrQtr: SWSE Sec: 22 Twp: 10S Range: 45W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
438083	WELL	DG	08/02/2014		063-06349	H2E SCHAAL 3-4-22-10-45	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>1</u>	Electric Motors: <u>1</u>
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>2</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

LocationEmergency Contact Number: (S/U/V) _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 438083

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: 438083 Type: WELL API Number: 063-06349 Status: DG Insp. Status: DA

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

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Proximity to Surface Water: _____

Depth to Ground Water: _____

Water Well:

Lat

Long

DWR Receipt Num: _____

Owner Name: _____

GPS : _____

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? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ 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? _____ Production areas stabilized ? _____

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? _____

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

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Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

Reminder: _____

Comment: _____

Well plugged Pass

Pit mouse/rat holes, cellars backfilled In

Debris removed Pass

No disturbance /Location never built _____

Access Roads Regraded

Contoured In

Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____

Locations, facilities, roads, recontoured In

Compaction alleviation _____

Dust and erosion control _____

Non cropland: Revegetated 80% In

Cropland: perennial forage _____

Weeds present Pass

Subsidence _____

Comment: _____

ROAD AND LOCATION ARE FENCED WITH WIRE WITH A CATTLE GUARD AT ENTRANCE. WELLHEAD HAS BEEN CUT, CAPPED AND COVERED, RESERVE AND WATER PITS ARE OPEN AND DRYING.

Corrective Action: _____

CLOSE PITS WHEN DRYING IS COMPLETE, RECLAIM ACCESS AND LOCATION.

Date

02/20/2015

Overall Final Reclamation

In Process

Multi-Well Location



Storm Water:

Loc Erosion BMPs

BMP Maintenance

Lease Road Erosion BMPs

Lease BMP Maintenance

Chemical BMPs

Chemical BMP Maintenance

Comment

S/U/V: _____

Corrective Date: _____

Comment: _____

CA: _____

Pits:

Pit Type: Water Fresh

Lined: YES

Pit ID: _____

Lat: 39.160700

Long: -102.413940

Lining:

Liner Type: Plastic

Liner Condition: Adequate

Comment: PIT IS PARTIALLY FILLED WITH WATER.

Fencing:

Fencing Type: _____

Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____

Netting Condition: _____

Comment: _____

Anchor Trench Present: _____

Oil Accumulation: _____

2+ feet Freeboard: _____

Pit (S/U/V): _____

Comment: _____

Corrective Action: _____

Date: _____

Pits:

Inspector Name: QUINT, CRAIG

Pit Type: Reserve Lined: NO Pit ID: Lat: 39.160840 Long: -102.414040

Lining:

Liner Type: Liner Condition:

Comment: PIT IS PARTIALLY FILLED WITH RAIN WATER. OPEN AND DRYING.

Fencing:

Fencing Type: Fencing Condition:

Comment:

Netting:

Netting Type: Netting Condition:

Comment:

Anchor Trench Present: Oil Accumulation: 2+ feet Freeboard:

Pit (S/U/V): Comment:

Corrective Action: Date: