

Inspector Name: Sherman, Susan

**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:
10/27/2014Document Number:
673707421Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	233209	316920	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 24320Name of Operator: DIAMOND OPERATING, INC.Address: 6666 GUNPARK DR STE #200City: BOULDER State: CO Zip: 80301

- ☐ 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
Peterson, Dave	(303) 949-4420	davep@flatironenergy.com	

Compliance Summary:QtrQtr: SWNE Sec: 2 Twp: 4S Range: 53W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/11/2009	200203935	ID	SI	ACTION REQUIRED			Yes

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
233209	WELL	SI	04/22/2013	OW	121-05234	WHITAKER 2	PA	<input checked="" type="checkbox"/>

Equipment:Location Inventory

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): _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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Inspector Name: Sherman, Susan

☐ Multiple Spills and Releases?

Venting:

Yes/No

Comment

Flaring:

Type

Satisfactory/Action Required

Comment

Corrective Action

CA Date

Predrill

Location ID: 233209

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: 233209

Type: WELL

API Number: 121-05234

Status: SI

Insp. Status: PA

Cement**Cement Contractor**Contractor Name: ExcellContractor Phone: 970-597-0008**Surface Casing**

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: YES

Cement Type: _____

Comment:

Pulled tubing on 10/27/14.
 Pumped 20 sxs cement from 4390' and tagged at 4220' on 10/28/2014.
 10/29/2014
 Casing parted at 1076' with rig pressure.
 Pumped 40 sxs of 14 # on top of CIBP, displaced with 20 BBL gel.
 Tagged at 369'.
 Pumped 120 sxs, 14# to surface.
 10/30/2014
 17' fallback. Pumped cement to surface, capped well, cut wellhead and covered hole.

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: _____

Comment: Crop

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? Pass 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? 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? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

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: _____

Reminder: _____

Comment: crop

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

Debris removed Pass No disturbance /Location never built _____

Access Roads Regraded In Contoured Pass Culverts removed Pass

Gravel removed Pass

Location and associated production facilities reclaimed In Locations, facilities, roads, recontoured In

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage In

Weeds present In Process Subsidence In

Inspector Name: Sherman, Susan

Comment: **Reinspection in 1-2 years for final vegetative growth over wellhead reclamation.**

Corrective Action:

Date

Overall Final Reclamation ☐ In Process ☐

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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673707426	Diamond Whitaker 2 sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3473989
673707446	Diamond Whitaker 2 wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3473990
673707676	Diamond Whitaker 2 PA	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3473991
673707677	Diamond Whitaker 2 PA	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3473992
673707678	Diamond Whitaker 2 PA	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3473993