

**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:

12/26/2014

Document Number:

675100847

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	229637	314809	GRANAHAN, KYLE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 74740Name of Operator: RIO MESA RESOURCES INCAddress: 226 1/2 E MAIN STCity: RANGELY State: CO Zip: 81648

- ☒ 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
Hayes, Michael	(970) 675-8491	hayespetro@centurytel.net	

Compliance Summary:QtrQtr: SENW Sec: 4 Twp: 1N Range: 101W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/07/2014	675100634	PR	TA	ACTION REQUIRED			No
03/21/2012	663800216	PR	PR	ACTION REQUIRED			No

Inspector Comment:

Follow up inspection in regards to inspection document number 675100634, all corrective actions have been met except tank labels - still missing operator name and emergency contact number ON TANK.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
229637	WELL	PR	09/27/2000	OW	103-07294	GILLAM DRAW GOV'T DELANEY 1	TA	<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 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

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			

Inspector Name: GRANAHAN, KYLE

TANK LABELS/PLACARDS	ACTION REQUIRED	Tank missing operator name and emergency contact number	Install sign to comply with rule 210.	01/30/2015
BATTERY	SATISFACTORY			

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

Corrective Date: _____

Comment: Emergency contact number present at well sign and tank battery sign.

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Deadman # & Marked	4	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	1	OTHER	STEEL AST	,	
S/A/V:			Comment:		
Corrective Action:				Corrective Date:	

Paint

Condition	
-----------	--

Other (Content) _____

Other (Capacity) 210bbls

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate			
Corrective Action					Corrective Date		
Comment							

Venting:		Comment
Yes/No		
NO		

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 229637

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: 229637 Type: WELL API Number: 103-07294 Status: PR Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: EQUIPMENT PRESENT/DISCONNECTED

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: Cellar present with grated cover - empty, no venting or leaks at time of inspection.**Environmental****Spills/Releases:**

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

Inspector Name: GRANAHAN, KYLE

Comment: <input style="width: 700px;" type="text"/>			
Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
<u>Water Well:</u>			
DWR Receipt Num: _____		Owner Name: _____	GPS : _____
<u>Field Parameters:</u>			
<div style="border: 1px solid black; height: 20px; width: 300px; margin-bottom: 5px;"></div>			
Sample Location: <div style="border: 1px solid black; height: 20px; width: 450px; display: inline-block;"></div>			
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: <div style="border: 1px solid black; height: 20px; width: 750px;"></div>	
1003a.	Debris removed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Waste Material Onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Unused or unneeded equipment onsite? <u>Pass</u> 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? <u>Pass</u> CM _____
	CA _____ CA Date _____
1003b.	Area no longer in use? _____ Production areas stabilized ? <u>Pass</u>
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? <u>Pass</u> Segregated soils have been replaced? _____
RESTORATION AND REVEGETATION	
<u>Cropland</u>	
	Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Inspector Name: GRANAHAN, KYLE

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: _____

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

S/A/V: _____ Corrective Date: _____

Comment: Snow cover prevented a full evaluation of stormwater BMP's – no evidence of soil migration at time of inspection.

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT