

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:
01/06/2015

Document Number:
668500799

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | |
|---------------------|---------------|---------------|---------------------|---|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> |
| | <u>207704</u> | <u>380605</u> | <u>Welsh, Brian</u> | 2A Doc Num: _____ |

Operator Information:

| |
|---|
| OGCC Operator Number: <u>96340</u> |
| Name of Operator: <u>WIEPKING-FULLERTON ENERGY LLC</u> |
| Address: <u>4600 S DOWNING ST</u> |
| City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80113</u> |

- 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 |
|----------------|--------------|--------------------------|---------|
| Wiepking, Jeff | 303-789-1798 | jwiepking@msn.com | |
| Halde, Kerry | 719-346-0653 | haldesand@centurytel.net | |

Compliance Summary:

QtrQtr: SENW Sec: 4 Twp: 13S Range: 50W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 01/16/2014 | 668601970 | PR | PR | SATISFACTORY | | | No |
| 01/27/2012 | 663900511 | PR | PR | SATISFACTORY | P | | No |
| 09/19/2011 | 200321615 | PR | PR | SATISFACTORY | | | No |
| 05/03/2010 | 200245950 | PR | PR | SATISFACTORY | | | No |
| 05/06/2009 | 200209749 | PR | PR | SATISFACTORY | | | No |
| 08/15/2007 | 200116857 | PR | PR | SATISFACTORY | | | No |
| 11/10/1988 | 500139063 | SR | DA | | P | Pass | |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 207704 | WELL | PR | 11/18/2006 | OW | 017-06639 | WILDHORSE 4-1 | PR <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

| Lease Road: | | | | |
|--------------------|------------------------------|--|-------------------|------|
| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
| Access | SATISFACTORY | ELEVATED GRAVELROAD THROUGH PASTURE W/CATTLE GUARD | | |

| Signs/Marker: | | | | |
|----------------------|------------------------------|--|---------------------------------------|------------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| CONTAINERS | ACTION REQUIRED | STICKERS ON CHEMICAL DRUMS. STICKER FADED AND NEEDS REPLACED. NEED LABELING ON OTHER CHEMICAL DRUM | Install sign to comply with rule 210. | 04/06/2015 |
| TANK LABELS/PLACARDS | SATISFACTORY | METAL SIGNS BY TANKS | | |
| BATTERY | SATISFACTORY | LEASE SIGN AT TANK BATTERY | | |

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

| Spills: | | | | |
|----------------|-----------|-----------|--|------------|
| Type | Area | Volume | Corrective action | CA Date |
| Lube Oil | Pump Jack | <= 5 bbls | REMOVE STAINED SOIL AROUND PRIME MOVER | 02/06/2015 |

Multiple Spills and Releases?

| Fencing/: | | | | |
|------------------|------------------------------|---|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| LOCATION | SATISFACTORY | WIRE FENCE AND HOG PANELS AROUND TANKS, UNIT, WELLHEAD AND PROPANE TANK | | |

| Equipment: | | | | | |
|--------------------|---|------------------------------|--------------------------------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Deadman # & Marked | 4 | SATISFACTORY | | | |
| Vertical Separator | 0 | SATISFACTORY | REMOVED AND REPLACED WITH FWKO | | |
| FWKO | 1 | SATISFACTORY | NEXT TO OIL TANKS | | |
| Pump Jack | 1 | SATISFACTORY | LUFKIN 320 | | |

| | | | | | |
|---------------------|---|--------------|--|--|--|
| Ancillary equipment | 7 | SATISFACTORY | DAY DRUM, 2-CHEMICAL DRUMS W/CONTAINMENT, PROPANE TANK, GAS SCRUBBER, CATHODIC GENERATOR, CATHODIC RECTIFIER | | |
| Prime Mover | 1 | SATISFACTORY | AJAX GAS ENGINE | | |

Facilities: New Tank Tank ID: _____

| | | | | | |
|--------------------|--|----------|----------|------------------|--|
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 0 | OTHER | Open Top | , | |
| S/A/V: | Comment: OPEN TOP WATER TANK REMOVED FROM LOCATION | | | | |
| Corrective Action: | | | | Corrective Date: | |

Paint

| | |
|------------------|--------|
| Condition | |
| Other (Content) | _____ |
| Other (Capacity) | 210BBL |
| Other (Type) | _____ |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
|-------------------|----------|---------------------|---------------------|-----------------|--|
| | | | | | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |

Facilities: New Tank Tank ID: _____

| | | | | | |
|---------------------|---|----------|-----------|-----------------------|--|
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | 300 BBLS | STEEL AST | 38.946500,-103.007800 | |
| S/A/V: SATISFACTORY | Comment: 300BBL WATER TANK DISCONNECTED AND NOT IN USE. STORED NEATLY ON LOCATION | | | | |
| Corrective Action: | | | | Corrective Date: | |

Paint

| | |
|------------------|-------|
| Condition | |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
|-------------------|--------------|---------------------|---------------------|-----------------|--|
| | | | | | |
| Corrective Action | | | | Corrective Date | |
| Comment | SHARED BERMS | | | | |

Facilities: New Tank Tank ID: _____

| | | | | |
|-----------|---|----------|-----------|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| CRUDE OIL | 2 | 400 BBLS | STEEL AST | 38.946500,-103.007800 |

Inspector Name: Welsh, Brian

| | | | |
|--------------------|--------------|---------------------|---------------------------------|
| S/A/V: | SATISFACTORY | Comment: | |
| Corrective Action: | | | Corrective Date: |
| Paint | | | |
| Condition | | | |
| 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 | | | |

| | |
|-----------------|-------------|
| Venting: | |
| Yes/No | Comment |
| YES | CASING VENT |

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

Predrill

Location ID: 207704

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 207704 Type: WELL API Number: 017-06639 Status: PR Insp. Status: PR

Producing Well

Comment: **PRODUCING**

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: _____

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? Pass 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? _____

Inspector Name: Welsh, Brian

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | | | |
| | | Ditches | Pass | | | |
| Compaction | Pass | Compaction | Pass | MHSP | Pass | |

S/A/V: SATISFACTOR Y Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT