

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:
02/02/2015

Document Number:
668500944

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>208562</u>	<u>321926</u>	<u>Welsh, Brian</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>74250</u>
Name of Operator:	<u>RESOURCE DEVELOPMENT TECHNOLOGY LLC</u>
Address:	<u>PO BOX 1020</u>
City:	<u>MORRISON</u> State: <u>CO</u> Zip: <u>80465</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
Bowman, Tom	303-716-3200	tombowman@usermail.com	

Compliance Summary:

QtrQtr: NWNE Sec: 2 Twp: 16S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/28/2014	668602016	PR	PR	SATISFACTORY	P		No
01/17/2013	668600238	PR	PR	SATISFACTORY			No
12/27/2011	663900282	PR	PR	SATISFACTORY	P		No
08/02/2010	200265280	PR	PR	SATISFACTORY			No
05/24/2010	200251748	PR	PR	ACTION REQUIRED			Yes
07/30/2008	200193460	PR	PR	SATISFACTORY			No
03/23/2007	200107486	PR	PR	SATISFACTORY		Pass	No
07/20/2006	200094578	PR	PR	SATISFACTORY		Pass	No
01/25/1999	500140892	PR	PR			Fail	Yes
06/11/1997	500140891	PR	PR			Pass	No
06/06/1996	500140890	PR	PR			Pass	Yes
01/17/1996	500140888	PR	PR			Pass	Yes
09/13/1995	500140889	CC	DG			Pass	No
09/12/1995	500140887	DG	DG			Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208562	WELL	PR	11/25/1995	OW	017-07497	LOWE 1-2R	PR <input checked="" type="checkbox"/>

Equipment: Location Inventory

Inspector Name: Welsh, Brian

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	DIRT ROAD THROUGH CRP WITH DEEP TRACKS NEAR UNIT. WILL NEED MAINTENANCE SOON		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN BY UNIT		
BATTERY	SATISFACTORY	LEASE SIGN AT TANK BATTERY		
TANK LABELS/PLACARDS	SATISFACTORY	METAL SIGNS BY TANKS AND TREATER		

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
STORAGE OF SUPL	SATISFACTORY	CATHODIC GENERATOR, CHEMICAL DRUM AND GAS SCRUBBER NOT IN USE AND STORED ON LOCATION		

Spills:

Type	Area	Volume	Corrective action	CA Date
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Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Pump Jack	1	SATISFACTORY	LUFKIN UNIT		
Veritcal Heater Treater	1	SATISFACTORY			

Inspector Name: Welsh, Brian

Ancillary equipment	3	SATISFACTORY	ELECTRIC PANEL, CATHODIC RECTIFIER, CHEMICAL DRUM W/CONTAINMENT, CATHODIC GENERATOR DISCONNECTED (NOT IN USE), GAS SCRUBBER DISCONNECTED (NOT IN USE)		
Prime Mover	1	SATISFACTORY	ELECTRIC MOTOR		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	400 BBLS	STEEL AST	38.694390,-102.420800

S/A/V: SATISFACTORY Comment: TANK BATTERY IS 1950' EAST OF WELL

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 _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	FIBERGLASS AST	38.694390,-102.420800

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

Corrective Action _____ Corrective Date _____

Comment SHARED BERMS

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 208562

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: 208562 Type: WELL API Number: 017-07497 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): _____

The subreport 'rptInsp13' could not be found at the