

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:
03/23/2015

Document Number:
668303417

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|--------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>219282</u> | <u>312180</u> | <u>SCHURE, KYM</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|--|
| OGCC Operator Number: | <u>20275</u> |
| Name of Operator: | <u>CORAL PRODUCTION CORP</u> |
| Address: | <u>1600 STOUT ST STE 1500</u> |
| City: | <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</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 |
|----------------|----------------|-------------------------|---------|
| Koehler, Bob | | bob.koehler@state.co.us | UIC/MIT |
| WEBER, JAMES R | 303-623-3573 | none | |
| Chonka, Jim | (303) 623-3573 | jpchonka@netscape.net | |
| Quint, Craig | | craig.quint@state.co.us | UIC/MIT |

Compliance Summary:

| QtrQtr: <u>L7NE</u> Sec: <u>3</u> Twp: <u>8N</u> Range: <u>54W</u> | | | | | | | |
|--|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 10/07/2014 | 678200014 | SI | EI | ACTION REQUIRED | | | No |
| 07/11/2014 | 667200201 | SI | SI | SATISFACTORY | | | No |
| 06/28/2013 | 664001089 | IJ | AC | SATISFACTORY | | | No |
| 06/11/2013 | 667500200 | | | SATISFACTORY | | | No |
| 10/30/2012 | 667500060 | | | ACTION REQUIRED | | | No |
| 07/20/2012 | 663300330 | IJ | IJ | SATISFACTORY | I | | No |
| 07/16/2012 | 663300302 | IJ | IJ | SATISFACTORY | I | | No |
| 07/11/2012 | 667500045 | | | ACTION REQUIRED | | | No |
| 05/03/2011 | 200309712 | RT | AC | SATISFACTORY | | | No |
| 08/27/2010 | 200269941 | SR | AC | SATISFACTORY | I | | No |
| 07/31/2010 | 200265008 | MI | AC | SATISFACTORY | | | No |
| 06/30/2009 | 200214061 | RT | SI | SATISFACTORY | | | No |
| 04/08/2008 | 200130239 | RT | AC | SATISFACTORY | | | No |
| 08/15/2007 | 200117886 | RT | AC | SATISFACTORY | | | No |
| 05/22/2006 | 200090741 | RT | AC | SATISFACTORY | | Pass | No |
| 07/05/2005 | 200073618 | MI | SI | SATISFACTORY | | Pass | No |
| 05/26/2005 | 200072244 | MI | AC | ACTION REQUIRED | | Fail | Yes |
| 03/11/2004 | 200051430 | RT | AC | SATISFACTORY | | Pass | No |

Inspector Name: SCHURE, KYM

| | | | | | | |
|------------|-----------|----|----|--------------|------|----|
| 06/25/2003 | 200040549 | RT | AC | SATISFACTORY | Pass | No |
| 06/06/2002 | 200027124 | RT | AC | SATISFACTORY | Pass | No |
| 08/01/2001 | 200022403 | RT | AC | SATISFACTORY | Pass | No |
| 06/15/2000 | 200007327 | MI | AC | SATISFACTORY | Pass | No |

Inspector Comment:

UIC/MIT SATISFACTORY Casing pressure before test 0. Casing pressure at start 375psi., casing pressure at 5 min. 375psi., casing pressure at 10 min. 375psi., casing pressure at 15 min. 375psi. Loss or gain = 0 Note to Operator: Operator is required to submit signed Form 21 on e-form COGIS inspection report. Please update well status. COGCC received Form 42 notification - Doc.# 400809510

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 219282 | WELL | SI | 03/05/2015 | DSPW | 075-06131 | YENTER A-7 | AC |

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 | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|--|------|--------|-------------------|---------|
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| LOCATION | SATISFACTORY | | | |

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-------|---|------------------------------|---------|-------------------|---------|
| Other | 0 | SATISFACTORY | | | |

| | |
|-----------------|---------|
| Venting: | |
| Yes/No | Comment |
| | |

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

Predrill

Location ID: 219282

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: 219282 Type: WELL API Number: 075-06131 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: JSND

TC: Pressure or inches of Hg _____

Previous Test Pressure _____

Last MIT: 07/31/2010

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTRReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year _____

Tbg psi: _____

Csg psi: 375

BH psi: _____

Insp. Status: Pass

Comment: Casing held 375 psi. throughout duration of 15 min. test. Loss or Gain =0 Well required no water for loading.

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? _____ 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? _____

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 | | | | | |

Inspector Name: SCHURE, KYM

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: No surface erosion from stormwater runoff observed. Continue BMP's for stormwater control.

CA: _____

Pits: NO SURFACE INDICATION OF PIT