

Inspector Name: Gomez, Jason

**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:

06/04/2015

Document Number:

673802154

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 432476 | 432476 | Gomez, Jason | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10449Name of Operator: TRITON ENERGY SERVICES LLCAddress: 2850 MCCLELLAND DRIVE STE 2400City: FORT COLLINS State: CO Zip: 80525

- ☐ 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 |
|--------------|-------|-----------------------------|---------|
| | | mark@tritonenergyservices.c | |

Compliance Summary:QtrQtr: SWNW Sec: 23 Twp: 4N Range: 66W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 432474 | WELL | IJ | 08/15/2014 | DSPW | 123-37120 | TRITON 1 | AC | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|------------------------------|------------------------|---------------------|--------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>1</u> | 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: <u>1</u> |
| 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 |
| WELLHEAD | SATISFACTORY | | | |

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 | <div> <div></div> <div>Frac tanks for temporary storage. Frac tanks are being removed from location</div> </div> | | |

| | | | | |
|----------------|------|--------|-------------------|---------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |

☐ Multiple Spills and Releases?

| | | | | |
|------------------|------------------------------|---|-------------------|---------|
| Fencing/: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| LOCATION | SATISFACTORY | <div> <div></div> <div>6' Chain link</div> </div> | | |

| | | | | | |
|-------------------|---|------------------------------|--|-------------------|---------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Prime Mover | 5 | SATISFACTORY | <div> <div></div> <div>Diesel</div> </div> | | |

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

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

Predrill

Location ID: 432476

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: 432474 Type: WELL API Number: 123-37120 Status: IJ Insp. Status: AC

ComplaintComment: **Complaint #: 200433246****Field Inspector Assigned: Gomez, Jason****Complaint Received:****Date: 6/2/2015 Time (Military):****Contacted by Inspector:****Date: 6/3/2015 Time (Military):****Well Number: 05-Choose an item.-Click here to enter text. Location #: 432476****Inspection Document #: 673802154****Complainant: Brent Ramsey Phone: 970-405-6373****Address: 20430 CR. 33 LaSalle , CO 80645****Nature of complaint: /Noise****Field Inspector Actions:**

Complainant was contacted on 6-3-2015, he indicated the noise had subsided and the operator had contacted him and advised him they had adjusted the equipment on site and reduced the noise. I contacted the operator on 6-4-2015 and they indicated they had made recent adjustments to the equipment to reduce noise at location. A site inspection was conducted at the location see Doc #673802154 for results of the inspection.

Summary:**No violations of COGCC rules were observed during the inspection.****Underground Injection Control**

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1600 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 06/23/2014

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTRReq: _____

Comment: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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: _____

Complaint:

| Tracking Num | Category | Assigned To | Description | Incident Date |
|--------------|------------|---------------|---|---------------|
| 200433248 | WATER WELL | Axelson, John | WELL WATER/ GROUND WATER: We have a private well for use as our outdoor water supply. After 12 years without any incidence, last summer the majority of our lawn and trees died. I took samples of the water to the Weld County Health Department and there were unusually high levels of nitrates and other contaminates. We had to switch our water to Weld Central Water District supply, treat the lawn, and remove several trees. | 06/01/2015 |

Emission Control Burner (ECB): _____

Comment: **Not operational**

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: INDUSTRIAL, IRRIGATED

Comment: _____

1003a. Debris removed? In CM _____
 CA _____ CA Date _____
 Waste Material Onsite? In 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? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors marked? CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized? In

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? In Segregated soils have been replaced? In

RESTORATION AND REVEGETATION

Cropland

Inspector Name: Gomez, Jason

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ In _____

Recontoured _____ In _____

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: INDUSTRIAL, IRRIGATED _____

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 | | | | | |

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT