

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
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Inspection Date:
07/01/2015

Document Number:
674602029

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>216578</u>	<u>311902</u>	<u>Maclaren, Joe</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>26625</u>
Name of Operator:	<u>ELM RIDGE EXPLORATION COMPANY LLC</u>
Address:	<u>12225 GREENVILLE AVE STE 950</u>
City:	<u>DALLAS TX</u> State: <u>TX</u> Zip: <u>75243-</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
Archuleta, Amy		aarchuleta@elmridge.net	Administrative Manager
Lindeman, Terry	505-632-3476 Ext 210	tlindeman@elmridge.net	

Compliance Summary:

QtrQtr: SWSW Sec: 7 Twp: 33N Range: 8W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/17/2015	674601978	PR	PR	ACTION REQUIRED	I		No
11/12/2014	667100196	PR	PR	ACTION REQUIRED	I		No
01/12/2012	661700121	PR	PR	SATISFACTORY			No
03/22/2011	200305009	PR	SI	SATISFACTORY			No
02/18/2010	200231644	ID	SI	SATISFACTORY			No
11/19/2009	200224157	PR	PR	SATISFACTORY			No
09/25/2008	200195809	PR	PR	SATISFACTORY			No
11/29/2007	200122812	PR	PR	SATISFACTORY			No
06/27/2005	200076304	PR	PR	SATISFACTORY		Pass	No
04/06/2005	200069174	CO	PR	ACTION REQUIRED	I	Fail	Yes
10/15/2003	200047704	PR	PR	SATISFACTORY		Pass	No

Inspector Comment:

Actions Required outlined on the previous field inspection doc #674601978 performed on 06/17/2015 have been completed; Note: The NFPA fire rating at the open top tank must be at least a "1" based on waste oil contents designation.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159080	UIC DISPOSAL	AC	12/01/2002		-	VPR C 14 WDW 159080	AC	<input checked="" type="checkbox"/>
159106	UIC DISPOSAL	AC	12/05/2003	DSPW	-	FASSETT #1 159106	AC	<input checked="" type="checkbox"/>

216578	WELL	PR	06/20/2013	GW	067-08184	FW Terrell 1A	PR	<input checked="" type="checkbox"/>
258975	WELL	IJ	09/12/2007	DSPW	067-08397	FASSETT SWD(EPA) 1	AC	<input checked="" type="checkbox"/>
275627	WELL	AL	05/25/2006	LO	067-09005	IGW 105	AL	<input type="checkbox"/>
311902	LOCATION	AC	06/20/2013		-	F W TERRELL-N33N8W 7SWSW	AC	<input 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

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY	NFPA Fire Rating must be at least a 1 with waste oil contents designation.		

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TRASH	SATISFACTORY	Action Required Completed; Trash Removed		
UNUSED EQUIPMENT	SATISFACTORY	Action Required Completed; Unused equipment removed.		

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

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 216578

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: 159080 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 159106 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 216578 Type: WELL API Number: 067-08184 Status: PR Insp. Status: PR

Facility ID: 258975 Type: WELL API Number: 067-08397 Status: IJ Insp. Status: AC

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: _____ Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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? _____ CM _____
 CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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? Pass Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Inspector Name: Maclaren, Joe

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ I _____

Comment: _____

Overall Interim Reclamation In Process

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
Compaction	Pass	Compaction	Pass			
		Culverts	Pass			
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: No Issues Identified.

CA: _____

Pits: NO SURFACE INDICATION OF PIT