

**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:

07/01/2015

Document Number:

673710799

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	439391	439390	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 35080Name of Operator: GRAND MESA OPERATING COAddress: 1700 N. WATERFRONT PKWY BL 600City: WICHITA State: KS Zip: 67206

- ☐ 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
Reilly, Michael	(316) 265-3000	pbrewer@gmocks.com	

Compliance Summary:QtrQtr: SENE Sec: 29 Twp: 2S Range: 52W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/11/2015	673710624	DG	WO	SATISFACTORY			No
05/28/2015	673710502	DG	DG	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
439391	WELL	DG	06/01/2015		121-11048	SHOOK 1-29	DG <input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>1</u>	Electric Motors: <u>1</u>
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>2</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	sign @ CR 20		

Inspector Name: Sherman, Susan

TANK LABELS/PLACARDS	ACTION REQUIRED	Frac tank needs contents, quantity labels and NFPA sign or indicate tank is empty.	Install sign to comply with rule 210.	07/17/2015
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Emergency Contact Number (S/A/V): ACTION

Corrective Date: 07/10/2015

Comment: No emergency contact number on sign at CR 20 (see attached photo).
Left message with operator on 7/1/2015.

Corrective Action: Add emergency contact phone number to sign.

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

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Deadman # & Marked	4	SATISFACTORY			
Other	1	ACTION REQUIRED	Frac tank has no labels or berms (see attached photo).	Add berm around frac tank if used to contain waste or indicate tank is empty.	07/17/2015

Venting:		
Yes/No	Comment	

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

Predrill

Location ID: 439391

Site Preparation:

Lease Road Adeq.: SATISFACTORY

Pads: SATISFACTORY

Soil Stockpile: SATISFACTORY

S/A/V: SATISFACT

Corrective Action: Date: CDP Num.:

Form 2A COAs:

Group	User	Comment	Date
OGLA	HouseyM	Operator shall submit a Form 42 to the COGCC 48 hours prior to commencement of construction activities.	10/01/2014
		Per Operator telephone concurrence - 10/23/2014 - MMH	
OGLA	HouseyM	If the well produces, Operator shall submit a survey showing the latitude and longitude of the Production Facility along with a Facility Layout Drawing of the Production Facility via Form 4 Sundry.	10/23/2014

S/A/V: Comment:

CA: Date:

Wildlife BMPs:

S/A/V: Comment:

CA: Date:

Stormwater:

Erosion BMPs	Present	Other BMPs	Present
BERMS	Yes		

S/A/V: SATISFACTORY

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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: 439391 Type: WELL API Number: 121-11048 Status: DG Insp. Status: DG

Well Drilling**Rig:** Rig Name: _____ Pusher/Rig Manager: _____

Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____

Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____

Multi-Well: _____ Disposal Location: _____

Comment:

Contact COGCC Field Inspector if well will be in flowback.

Environmental**Spills/Releases:**

Inspector Name: Sherman, Susan

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
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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: DRY LAND

Comment: crop/corn and wheat

1003a.	Debris removed?	CM	CA	CA Date
	Waste Material Onsite?	CM	stained soil at wellhead (see attached photo)	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?	Pass	CM	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

Inspector Name: Sherman, Susan

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: DRY LAND _____

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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Inspector Name: Sherman, Susan

Pit Type: Drilling Pit	Lined: NO	Pit ID:	Lat:	Long:
Lining:				
Liner Type:	Liner Condition:			
Comment:				
Fencing:				
Fencing Type:	Fencing Condition:			
Comment:				
Netting:				
Netting Type:	Netting Condition:			
Comment:				
Anchor Trench Present:	Oil Accumulation: NO	2+ feet Freeboard:		
Pit (S/A/V): SATISFACTOR	Comment: Close within 3 months of well completion (on crop land).			
Corrective Action:				Date:

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673710818	Grand Mesa Operating, Shook 1-29	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3637419

ACTION REQUIRED

ANY ACTION REQUIRED items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)