

**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:

07/23/2015

Document Number:

668003585

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	259321	307904	DURAN, JOHN	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10369Name of Operator: NATURAL RESOURCE GROUP INCAddress: 1789 W LITTLETON BLVDCity: LITTLETON State: CO Zip: 80120

- ☐ 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	
Laired, Paul	303-419-6005	plaird@diversifiedresources.com	All Inspections
Bacon, Duane	303-545-2620/303-579-6353	energyoilandgas@gmail.com	All Inspections

Compliance Summary:QtrQtr: SWNW Sec: 3 Twp: 34S Range: 62W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/25/2014	668002363	PR	AC	SATISFACTORY	P		No
07/11/2013	668001371	IJ	AC	SATISFACTORY	P		No
10/02/2012	668000672	IJ	AC	SATISFACTORY	P		No
09/27/2012	668000670	IJ	IO	ACTION REQUIRED	P		No
08/24/2012	668000589	IJ	IO	ACTION REQUIRED			No
08/08/2011	200319950	RT	AC	SATISFACTORY			No
03/21/2011	200304900	RT	AC	ACTION REQUIRED			Yes
08/20/2010	200268273	MI	SI	SATISFACTORY			No
05/14/2009	200212468	PR	PR	SATISFACTORY			No
03/19/2009	200207189	ES	PR	ACTION REQUIRED			Yes
10/02/2008	200196534	PR	SI	SATISFACTORY			No
10/05/2005	200080760	PR	SI	ACTION REQUIRED		Fail	Yes
07/08/2005	200075216	PR	SI	ACTION REQUIRED		Fail	Yes
06/06/2005	200073962	PR	SI	ACTION REQUIRED		Fail	Yes
03/30/2005	200068876	PR	SI	ACTION REQUIRED		Fail	Yes
04/11/2003	200038055	PR	SI	ACTION REQUIRED		Fail	Yes
06/16/2001	200261230	SR	PR	SATISFACTORY	I		No

Inspector Name: DURAN, JOHN

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159320	UIC DISPOSAL	AC	12/01/2009		-	GARCIA 3-5 WELL	SI	<input checked="" type="checkbox"/>
259321	WELL	PR	05/01/2014	GW	071-07234	GARCIA 3-5	SI	<input checked="" 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
WELLHEAD	SATISFACTORY			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 259321

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: 159320 Type: UIC API Number: - Status: AC Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 50

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: The Api # (05-071-07234) is for the injection well. All MiT data was filed under this Api # (See Above).

Facility ID: 259321 Type: WELL API Number: 071-07234 Status: PR Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 50

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/20/2010

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: YES

Comment: _____

Method of Injection: PUMP FEED

Test Type: 5 Year Tbg psi: 0 Csg psi: 410 BH psi: 0

Insp. Status: Pass

Comment: Pressured up T - C Ann. to 410 psig. Pressure held for 15 min. with a 10 psig loss. M & R Trucking, 3501 Freedom Road, Trinidad, CO 81082, (719-845-0851) : Kill Truck. Co. Man : Duane Bacon / NRG inc.

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 REVEGETATIONCropland

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 _____

Inspector Name: DURAN, JOHN

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	Gravel	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____
CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Passed 5 - year UIC Test. SEE : UIC data. Next MiT : (07/23/2020).	duranj	07/24/2015