

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:
07/24/2015

Document Number:
679900086

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	442431	442433	Welsh, Brian	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10422</u>
Name of Operator:	<u>PRONGHORN OPERATING LLC</u>
Address:	<u>8400 E PRENTICE AVENUE #1000</u>
City:	<u>GREENWOOD</u> State: <u>CO</u> Zip: <u>80111</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
Kuenzler, Zane	720-261-2019	zanekuenzler@kfrcorp.com	

Compliance Summary:

QtrQtr: SENW Sec: 5 Twp: 14S Range: 44W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
442431	WELL	XX	07/10/2015		017-07803	Harley 6H	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: _____	Separators: _____	Electric Motors: _____
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: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	DIRT ROAD THROUGH PASTURE		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DRILLING/RECOMP	SATISFACTORY	DRILLING RIG SIGN BY ACCESS		

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

Corrective Date: _____

Inspector Name: Welsh, Brian

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: 442431

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Final Review	deranleg	Related remote production Location ID 429663 was permitted with no production facilities, contingent on establishing production. Therefore, COGCC requires the Operator to amend the Facilities Inventory for Location ID 429663 by submittal of Form 4 or Form 2A per Rule 303.d. to accurately reflect site conditions.	07/10/2015
OGLA	HouseyM	Operator shall provide notice to COGCC 48 hours prior to commencing construction of this Oil and Gas Location via Form 42.	07/01/2015
OGLA	HouseyM	Location lies within a Sensitive area within proximity of a surface water feature. Containment areas shall be lined with an impervious liner and berms shall be impervious and constructed with structurally stable materials.	07/01/2015

S/AV: SATISFACTORY **Comment:** NO ISSUES OBSERVED

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: 442431 Type: WELL API Number: 017-07803 Status: XX Insp. Status: DG

Well Drilling

Inspector Name: Welsh, Brian

Rig: Rig Name: EXCEL RIG #3 Pusher/Rig Manager: MARK ZION
Permit Posted: Access Sign:

Well Control Equipment:

Pipe Ram: Blind Ram: Hydril Type: YES
Pressure Test BOP: Pass Test Pressure PSI: 500 Safety Plan: YES

Drill Fluids Management:

Lined Pit: YES Unlined Pit: YES Closed Loop: NO Semi-Closed Loop:
Multi-Well: Disposal Location:

Comment:

METAL WORKING TANKS, LINED FRESH WATER PIT, UNLINED RESERVE PIT. RIG IS DRILLING

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: CRP
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

Inspector Name: Welsh, Brian

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: CRP _____

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	MHSP	Pass	

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

Comment: **TARPS FOR INCLEMENT WEATHER**

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Pit Type: Reserve Lined: NO Pit ID: _____ Lat: 38.866390 Long: -102.362950

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/A/V): SATISFACTOR Comment: _____

Corrective Action: _____ Date: _____

Pit Type: Water Fresh Lined: YES Pit ID: _____ Lat: 38.866330 Long: -102.363280

Lining:

Liner Type: Plastic Liner Condition: Adequate

Comment: FULL OF WATER FOR DRILLING OPERATIONS

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/A/V): SATISFACTOR Comment: _____

Corrective Action: _____ Date: _____