

**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:
08/11/2015

 Document Number:
675101708

 Overall Inspection:
SATISFACTORY
FIELD INSPECTION FORM

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 420071 | 420072 | GRANAHAN, KYLE | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10341Name of Operator: PUCKETT LAND COMPANYAddress: 5460 S. QUEBEC STREET - STE #250City: GREENWOOD State: CO Zip: 80111

- ☒ 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 |
|---------------|-------|-------------------------|---------|
| Lebron, Karen | | klebron@puckettland.com | |

Compliance Summary:QtrQtr: SESE Sec: 34 Twp: 1S Range: 98W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/15/2014 | 673400548 | PR | PR | ACTION REQUIRED | F | | No |
| 03/05/2012 | 662300252 | PR | PR | SATISFACTORY | | | No |

Inspector Comment:

Inspection in regards to inspection doc #675100347, all required corrective actions have been implemented.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 420071 | WELL | PR | 06/15/2013 | GW | 103-11815 | RG FEDERAL 4D-34D | PR | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|-----------------------------|-------------------------|----------------------|---------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>1</u> | Production Pits: <u>1</u> |
| Condensate Tanks: _____ | Water Tanks: <u>1</u> | Separators: <u>1</u> | Electric Motors: _____ |
| Gas or Diesel Motors: _____ | 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 | | | |

Inspector Name: GRANAHAH, KYLE

| | | | | |
|----------------------|--------------|--|--|--|
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |
| CONTAINERS | SATISFACTORY | | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

☐ Multiple Spills and Releases?**Equipment:**

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------------------|---|------------------------------|--|-------------------|---------|
| Deadman # & Marked | 4 | SATISFACTORY | | | |
| Horizontal Heated Separator | 1 | SATISFACTORY | | | |
| Pig Station | 1 | SATISFACTORY | | | |
| Ancillary equipment | 2 | SATISFACTORY | 2 chemical totes with secondary containment. | | |
| Bird Protectors | | SATISFACTORY | | | |

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|----------|------------------|--------|
| CONDENSATE | 2 | 400 BBLS | HEATED STEEL AST | , |

S/A/V: SATISFACTORY

Comment: Same containment as produced water tanks.

Corrective Action: _____

Corrective Date: _____

Paint

| Condition | Adequate |
|-----------|----------|
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

Corrective Action _____

Corrective Date _____

Comment _____

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|------------------|--------|
| PRODUCED WATER | 2 | 400 BBLS | HEATED STEEL AST | , |

S/A/V: SATISFACTORY

Comment: _____

Corrective Action: _____

Corrective Date: _____

Paint

Inspector Name: GRANAHAH, KYLE

| | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|
| Condition | Adequate | | | |
| Other (Content) | | | | |
| Other (Capacity) | | | | |
| Other (Type) | | | | |
| Berms | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

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

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

Predrill

Location ID: 420071

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

| Group | User | Comment | Date |
|-------|-----------|---|------------|
| OGLA | kubeczkod | Reserve pit must be lined or closed loop system must be implemented during drilling. | 09/20/2010 |
| OGLA | kubeczkod | No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut. | 09/20/2010 |
| OGLA | kubeczkod | The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1. | 09/20/2010 |
| OGLA | kubeczkod | Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures sufficiently protective of nearby surface water. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids. | 09/20/2010 |

S/AV: SATISFACTORY**Comment:** COA's met at time of inspection

| | |
|--|---|
| 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: 420071 | Type: WELL | API Number: 103-11815 | Status: PR | Insp. Status: PR |
|---------------------|------------|-----------------------|------------|------------------|

Producing Well

| | |
|----------|--|
| Comment: | Well PR at time of inspection - no evidence of leaks or venting present. |
|----------|--|

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: _____ |
|------------------------|

Inspector Name: GRANAHAH, KYLE

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: RANGELAND

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? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass 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

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 In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

Reminder: _____

Comment: _____

Inspector Name: GRANAHAN, KYLE

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 | | | |
| | | Compaction | Pass | | | |
| Compaction | Pass | | | | | |
| Berms | Pass | | | | | |
| Gravel | Pass | | | | | |
| | | | | MHSP | Pass | Secondary containment present. |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: No apparent soil migration; erosion or soil movement. BMP's in satisfactory condition at time of inspection.

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT