

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 |
|----|----|----|----|

Inspection Date:
09/17/2015

Document Number:
679900409

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|---------------------|---|-------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> | 2A Doc Num: _____ |
| | <u>213392</u> | <u>324885</u> | <u>Welsh, Brian</u> | | |

Operator Information:

| |
|---|
| OGCC Operator Number: <u>81480</u> |
| Name of Operator: <u>THOMAS L SPRING LLC</u> |
| Address: <u>7400 E ORCHARD RD STE 2000</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 |
|--------------|---------------------------|------------------|---------|
| Springs, Tom | 303-771-1889 off/68710 | T1spring@aol.com | |

Compliance Summary:

QtrQtr: NENE Sec: 13 Twp: 20S Range: 49W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/28/2014 | 668602940 | PR | PR | ACTION REQUIRED | | | No |
| 06/16/2014 | 668602760 | PR | PR | ACTION REQUIRED | P | | No |
| 06/20/2013 | 668600951 | PR | PR | ACTION REQUIRED | | | No |
| 02/27/2012 | 663900676 | PR | PR | ACTION REQUIRED | P | | No |
| 05/18/2010 | 200250538 | PR | PR | SATISFACTORY | | | No |
| 12/01/2009 | 200223331 | PR | PR | SATISFACTORY | | | No |
| 10/01/2009 | 200219736 | PR | PR | ACTION REQUIRED | | | Yes |
| 06/05/2008 | 200190563 | PR | PR | ACTION REQUIRED | | | Yes |
| 05/17/2007 | 200111296 | PR | PR | ACTION REQUIRED | | Fail | Yes |
| 03/17/2000 | 200005288 | PR | PR | SATISFACTORY | I | Pass | No |
| 07/07/1998 | 500145780 | DG | DG | | | Pass | No |
| 07/01/1998 | 500145779 | DG | DG | | | Pass | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 213392 | WELL | PR | 09/15/1998 | GW | 061-06754 | KING 1-13 | PR | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

Inspector Name: Welsh, Brian

| | | | |
|-----------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | 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

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|--------|------------------------------|----------------------------|-------------------|------|
| Access | SATISFACTORY | GRAVEL ROADTHROUGH PASTURE | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|--------------------------------------|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY | STICKERS ON TANK | | |
| OTHER | SATISFACTORY | LEASE SIGN MOUNTED ON METER SHED | | |
| BATTERY | SATISFACTORY | LEASE SIGN MOUNTED TO STAIRS AT TANK | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|----------------------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | PIPE FENCE AROUND WELLHEAD | | |

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|---------------|---|------------------------------|---|-------------------|---------|
| Gas Meter Run | 1 | SATISFACTORY | METER RUN 850' NE BY COUNTY ROAD | | |
| Plunger Lift | 0 | SATISFACTORY | PLUNGER LIFT REMOVED TO FREE FLOW UP TUBING | | |

Facilities:

New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|------|--------|
|----------|---|----------|------|--------|

Inspector Name: Welsh, Brian

| | | | | | |
|--------------------|------------------------------|---------------------|--------------------------------|-----------------------|------------------|
| CONDENSATE | 1 | <100 BBLs | STEEL AST | 38.323440,-102.841620 | |
| S/A/V: | SATISFACTORY | | Comment: 90BBL CONDENSATE TANK | | |
| Corrective Action: | | | | | Corrective Date: |
| Paint | | | | | |
| Condition | | | | | |
| Other (Content) | | | | | |
| Other (Capacity) | | | | | |
| Other (Type) | | | | | |
| Berms | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Earth | 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: 213392

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: SATISFACTORY **Comment:** NO COA'S

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: 213392 Type: WELL API Number: 061-06754 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

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? 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 ? _____

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? _____

Inspector Name: Welsh, Brian

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 _____

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 | | | |

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT