

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:
10/07/2015

Document Number:
679900503

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>205785</u>	<u>321015</u>	<u>Welsh, Brian</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 10383

Name of Operator: SOVEREIGN OPERATING COMPANY LLC

Address: 475 17TH STREET #1200

City: DENVER State: CO Zip: 80202

- 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
	303-297-0347	sovereignenergy@aol.com	
Crane, Rocky	719-529-0682	rockycrane@yahoo.com	Pumper (BACA)

Compliance Summary:

QtrQtr: SENW Sec: 20 Twp: 31S Range: 44W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/20/2013	668601268	PR	PR	ACTION REQUIRED	P		No
04/18/2011	200308689	PR	PR	ACTION REQUIRED			Yes
09/09/2010	200272637	SR	WO	ACTION REQUIRED			Yes
05/05/2010	200248415	PR	PR	ACTION REQUIRED			Yes
04/22/2009	200209001	PR	PR	ACTION REQUIRED			Yes
06/13/2008	200191026	PR	PR	ACTION REQUIRED			Yes
07/10/2007	200114808	PR	PR	ACTION REQUIRED		Fail	Yes
08/10/2002	200029697	PR	PR	SATISFACTORY		Pass	No
12/13/2000	200012669	PR	PR	SATISFACTORY	I	Pass	No
02/08/2000	200003989	PR	PR	SATISFACTORY	I	Pass	No
03/03/1999	500135872	PR	PR			Pass	No
02/04/1998	500135874	PR	PR			Pass	No
12/26/1996	500135871	PR	PR			Fail	No
03/09/1995	500135870	PR	PR			Pass	Yes
07/06/1994	500135869		PR				

Inspector Comment:

Related Facilities:

Inspector Name: Welsh, Brian

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
205785	WELL	PR	07/31/2001	GW	009-06200	ROLLINS RUTHERFORD 1A-20	PR	X

Equipment: Location Inventory

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	TWO TRACK THROUGH PASTURE		

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN BY UNIT		
TANK LABELS/PLACARDS	SATISFACTORY	STICKER AND STENCIL ON WATER TANK		
OTHER	SATISFACTORY	LEASE SIGN BY METER SHED		

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

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

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
SEPARATOR	SATISFACTORY	PIPE FENCE AROUND VGS		
OTHER	SATISFACTORY	METAL PANELS AROUND PIPELINE RISER AT METER SHED		
PUMP JACK	SATISFACTORY	HOG PANELS AROUND UNIT AND WELLHEAD		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	1	SATISFACTORY	500' WEST OFWELLHEAD		
Pump Jack	1	SATISFACTORY	CHURCHILL UNIT		
Prime Mover	1	SATISFACTORY	ELECTRIC MOTOR		
Vertical Separator	1	SATISFACTORY	VERTICAL GAS SEPARATOR NORTH OF WELLHEAD		
Ancillary equipment	3	SATISFACTORY	ELECTRIC PANEL CATHODIC RECTIFIER AND BELLOWS METER		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	Open Top	37.333410,-102.406800
S/AVV:	SATISFACTORY		Comment:	FIBERGLASS OPEN TOP WATER TANK W/ADEQUATE WILDLIFE NETTING. WATER LEG DISCONNECTED AT WELLHEAD. TANK IS EMPTY AND NOT IN USE
Corrective Action:				Corrective Date:

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 205785

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: 205785 Type: WELL API Number: 009-06200 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING. CASING PRODUCTION. (NOT FLOWING AT TIME OF INSPECTION) METER RUN 500' WEST OF WELLHEAD

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: _____

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 _____

Inspector Name: Welsh, Brian

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 _____

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	Other	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: ACCESS IS GRASSED OVER

CA: _____

Pits: NO SURFACE INDICATION OF PIT