

**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:
12/23/2015Document Number:
673802762Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	420964	420955	Gomez, Jason	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10110Name of Operator: GREAT WESTERN OPERATING COMPANY LLCAddress: 1801 BROADWAY #500City: 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
Musgrave, Tim	1-970-768-6097	tmusgrave@gwogco.com	Send all insp to him he will distribute
Donato, Scot	O:303-398-0537, C:303-549-7739	sdonato@gwogco.com	

Compliance Summary:QtrQtr: NESW Sec: 20 Twp: 4N Range: 67W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
420952	WELL	PR	04/19/2012	OW	123-32764	BINDER 14-20	PR	<input checked="" type="checkbox"/>
420953	WELL	PR	12/06/2012	OW	123-32765	BINDER 0-6-20	PR	<input checked="" type="checkbox"/>
420956	WELL	PR	04/19/2012	OW	123-32767	BINDER 23-20	PR	<input checked="" type="checkbox"/>
420964	WELL	PR	04/15/2013	OW	123-32770	BINDER CSW-20	PR	<input checked="" type="checkbox"/>
420973	WELL	PR	04/19/2012	OW	123-32772	BINDER 24-20	PR	<input checked="" type="checkbox"/>
421600	WELL	PR	04/19/2012	OW	123-32968	BINDER 2-4-20	PR	<input checked="" type="checkbox"/>
421601	WELL	PR	04/19/2012	OW	123-32969	BINDER 4-6-20	PR	<input checked="" type="checkbox"/>
421604	WELL	PR	07/05/2012	OW	123-32970	BINDER 13-20	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: Gomez, Jason

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: <u>13</u>	Water Tanks: <u>8</u>	Separators: <u>8</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>8</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
SEPARATOR	SATISFACTORY	6' chain link		
WELLHEAD	SATISFACTORY	6' chain link		
TANK BATTERY	SATISFACTORY	6' chain link		

Equipment:

Type: Emission Control Device	# 2	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: _____	
Type: Gas Meter Run	# 8	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: _____	

Inspector Name: Gomez, Jason

Type: Horizontal Heated Separator	# 3	Satisfactory/Action Required: SATISFACTORY
Comment Bunner tubes not		
Corrective Action		Date:
Type: Horizontal Heated Separator	# 3	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Plunger Lift	# 8	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type:	#	Satisfactory/Action Required:
Comment		
Corrective Action		Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Corrective Action				Corrective Date
Comment				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	8	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
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Inspector Name: Gomez, Jason

Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action					Corrective Date
Comment					

Venting:

Yes/No	NO
Comment	

Flaring:

Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 420964

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	youngr	Location is in a sensitive area because of shallow groundwater; therefore, either a lined drilling pit or closed loop system is required.	12/13/2010
OGLA	youngr	Location is in a sensitive area because of proximity to surface water and wetlands; therefore, the tank battery must be constructed using an impermeable liner designed to contain fluid releases and spills.	12/13/2010

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: 420952 Type: WELL API Number: 123-32764 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Exposed at surface

CA:

CA Date:

Facility ID: 420953 Type: WELL API Number: 123-32765 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Exposed at surface

CA:

CA Date:

Facility ID: 420956 Type: WELL API Number: 123-32767 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Exposed at surface

CA:

CA Date:

Facility ID: 420964 Type: WELL API Number: 123-32770 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Exposed at surface

CA:

CA Date:

Facility ID: 420973 Type: WELL API Number: 123-32772 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Exposed at surface

CA:

CA Date:

Facility ID: 421600 Type: WELL API Number: 123-32968 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Exposed at surface

CA:

CA Date:

Facility ID: 421601 Type: WELL API Number: 123-32969 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **Exposed at surface**

CA:

CA Date:

Facility ID: 421604 Type: WELL API Number: 123-32970 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **Exposed at surface**

CA:

CA Date:

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:

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200372649	NOISE	Precup, Jim	Noise vibration vibrating home. Rattles morning between 9:20-9:30 A.M. and 1:00 A.M. inn Morning. Complainant says you feel it more than hear it.	01/07/2013
200340489	NOISE	Precup, Jim	Complainant complained of noise from a drilling rig in the johnstown area.	02/16/2012

Emission Control Burner (ECB): Y

Comment:

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use: RANGELAND

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 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: RANGELAND

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 _____

Inspector Name: Gomez, Jason

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					

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673802764	Thermal Imagery of Location	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3749612