

**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

Inspection Date:

01/14/2016

Document Number:

681900397

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 203184      | 320238 | HELGELAND, GARY | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 46290Name of Operator: K P KAUFFMAN COMPANY INCAddress: 1675 BROADWAY, STE 2800City: 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        |
|-------------------|--------------|---------------|----------------|
| LARA-MESA, SUSANA | 303-825-4822 | cogcc@kpk.com | VP OF ENGINEER |

**Compliance Summary:**QtrQtr: SWNE Sec: 3 Twp: 1S Range: 67W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/24/2014 | 668302028 | PR         | PR          | ACTION REQUIRED               | P        |                | No              |
| 08/30/2010 | 200270673 | SR         | PR          | ACTION REQUIRED               | I        |                | Yes             |
| 01/25/2010 | 200236412 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 01/09/2004 | 200048446 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 06/04/1998 | 500133007 | PR         | PR          |                               |          | Fail           | Yes             |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name         | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|-------------------------------------|
| 203184      | WELL | PR     | 12/13/1995  | OW         | 001-08693 | WEIGANDT, JOHN H. A 1 | PR          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____   | Wells: _____        | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: _____     | Separators: _____   | Electric Motors: _____  |
| Gas or Diesel Mortors: _____ | 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**

|                    |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| <b>Lease Road:</b> |                              |         |                   |      |
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
|                    |                              |         |                   |      |

|                      |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| <b>Signs/Marker:</b> |                              |         |                   |         |
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

|                           |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| <b>Good Housekeeping:</b> |                              |         |                   |         |
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

|                |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| <b>Spills:</b> |      |        |                   |         |
| Type           | Area | Volume | Corrective action | CA Date |
|                |      |        |                   |         |

☐ Multiple Spills and Releases?

|                  |                              |                          |                   |         |
|------------------|------------------------------|--------------------------|-------------------|---------|
| <b>Fencing/:</b> |                              |                          |                   |         |
| Type             | Satisfactory/Action Required | Comment                  | Corrective Action | CA Date |
| WELLHEAD         | SATISFACTORY                 | Angle iron and wire mesh |                   |         |

|                   |     |                               |              |       |
|-------------------|-----|-------------------------------|--------------|-------|
| <b>Equipment:</b> |     |                               |              |       |
| Type: Pump Jack   | # 1 | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment           |     |                               |              |       |
| Corrective Action |     |                               |              | Date: |

|                 |  |
|-----------------|--|
| <b>Venting:</b> |  |
| Yes/No          |  |
| Comment         |  |

|                    |                              |                      |  |
|--------------------|------------------------------|----------------------|--|
| <b>Flaring:</b>    |                              |                      |  |
| Type               | Satisfactory/Action Required |                      |  |
| Comment:           |                              |                      |  |
| Corrective Action: |                              | Correct Action Date: |  |

**Predrill**

Location ID: 203184

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

S/AR: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

S/AR: \_\_\_\_\_ Comment: \_\_\_\_\_

CA: \_\_\_\_\_ Date: \_\_\_\_\_

**Wildlife BMPs:**

S/AR: \_\_\_\_\_ Comment: \_\_\_\_\_

CA: \_\_\_\_\_ Date: \_\_\_\_\_

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: 203184 Type: WELL API Number: 001-08693 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is plumed to surface.

CA: \_\_\_\_\_

CA Date: \_\_\_\_\_

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: HELGELAND, GARY

|   |  |                      |
|---|--|----------------------|
| Comment: <input style="width: 700px;" type="text"/>         |  |                      |
| Corrective Action: _____                                    |  | Date: _____          |
| Reportable: _____   | GPS: Lat _____                                     | Long _____           |
| Proximity to Surface Water: _____                           | Depth to Ground Water: _____                       |                      |
| <b><u>Water Well:</u></b>                                   |  |                      |
|   |  | Lat _____ Long _____ |
| DWR Receipt Num: _____                                      | Owner Name: _____                                  | GPS : _____          |
| <b><u>Field Parameters:</u></b>                             |  |                      |
| <input style="width: 300px;" type="text"/>                  |  |                      |
| Sample Location: <input style="width: 400px;" type="text"/> |  |                      |
| 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: <input style="width: 750px;" type="text"/>  |   |
| 1003a. Waste and Debris removed? _____   |   |
| 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 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? _____              |
| <b>RESTORATION AND REVEGETATION</b>  |   |
| <b><u>Cropland</u></b>   |   |
| Top soil replaced _____  | Recontoured _____ Perennial forage re-established _____ |

Inspector Name: HELGELAND, GARY

Non-Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment: Location snow covered.

Overall Interim Reclamation In Process

**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                  |               |                          |         |

S/A/V: SATISFACTOR  
Y \_\_\_\_\_

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

Pits: ☒ NO SURFACE INDICATION OF PIT