

**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:

01/27/2016

Document Number:

673712465

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	204952	320792	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10548Name of Operator: HRM RESOURCES II LLCAddress: 410 17TH STREET #1100City: 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
Prohaska, April	(303) 996-8697	aprohaska@hrmres.com	
Pape, Terry	(970) 768-5700	tpape@hrmres.com	
Hutson, L. Roger	(303) 893-6621	lrhutson@hrmres.com	

Compliance Summary:QtrQtr: SESW Sec: 27 Twp: 4S Range: 63W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/09/2007	200127269	PR	PR	ACTION REQUIRED			Yes
10/03/2007	200126192	PR	PR	ACTION REQUIRED			Yes
08/19/1998	500134920	PR	PR			Fail	Yes
11/08/1995	500134919	PR	PR			Fail	Yes
08/15/1995	500134918	DG	DG			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
204952	WELL	PR	02/28/2008	OW	005-07087	HSR O'BRIEN 14-27	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				
Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access		See Stormwater section.		
Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	ACTION REQUIRED	No label on produced water tank.	Install sign to comply with rule 210.	03/01/2016
BATTERY	SATISFACTORY			
CONTAINERS	ACTION REQUIRED	Label day tank at well/primemover (see attached photo).	Install sign to comply with rule 210.	02/01/2016
Emergency Contact Number (S/AR): 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
<input type="checkbox"/> Multiple Spills and Releases?				
Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	chain link fence		
PUMP JACK	SATISFACTORY	wire mesh panels		
TANK BATTERY	SATISFACTORY	barbed wire		
SEPARATOR	SATISFACTORY	Barbed wire fence around separator, ECD and GMR. GPS 39.66715, -104.42680.		
Equipment:				
Type: Bird Protectors	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment	On ECD and separator.			
Corrective Action				Date:
Type: Pump Jack	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Rods neatly on ground next to pump jack. Stuffing box leaking.			
Corrective Action				Date:
Type: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY	

Inspector Name: Sherman, Susan

Comment		gas engine	
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		bermed, 2 phase	
Corrective Action		Date:	
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		concrete pad	
Corrective Action		Date:	
Type: Ancillary equipment	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment		gas scrubber and propane tank at well; solar panel and radio telemetry at GMR	
Corrective Action		Date:	

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER		,

S/AR	SATISFACTORY	Comment:	anchored with cable
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) no labeled _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment	same berms as crude oil tank		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	39.667210,-104.427090

S/AR	SATISFACTORY	Comment:	gas scrubber at tank
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Inspector Name: Sherman, Susan

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment	Berms will require maintenance soon near the PCC and the ease side near the produced water tank.			

Venting:	
Yes/No	NO
Comment	ECD pilot light on.

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

Predrill

Location ID: 204952

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:S/AR: SATISFACTORY **Comment:** No COAs.

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: 204952 Type: WELL API Number: 005-07087 Status: PR Insp. Status: PR

Producing Well

Comment: PR. Nov 2015 reported to COGCC database.

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: Located between 2 rural houses.

1003a. Waste and Debris removed? 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 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 REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Inspector Name: Sherman, Susan

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
Other	Pass					tire
Gravel	Pass					
Compaction	Fail	Compaction	Fail			
Other	Pass					boards around separator

S/A/V: **ACTION REQUIRED**

Corrective Date: **02/01/2016**

Comment: _____

CA: **Install stormwater BMPs to prevent sediment transport and site degradation (see attached photos).**

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Gate locked.	ShermaSe	01/28/2016

Attached Documents

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

Document Num	Description	URL
673712479	HRM HSR O'Brien 14-27	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3771697