

**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:

03/28/2016

Document Number:

679901314

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	213353	324874	Welsh, Brian	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 81480Name of Operator: THOMAS L SPRING LLCAddress: 7400 E ORCHARD RD STE 2000City: GREENWOOD State: CO Zip: 80111

- ☐ 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: NWSW Sec: 25 Twp: 20S Range: 48W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/02/2014	668500629	PR	PR	SATISFACTORY	I		No
09/26/2011	200323512	PR	PR	ACTION REQUIRED			Yes
12/09/2010	200286959	PR	PR	SATISFACTORY			No
08/24/2009	200217276	PR	PR	SATISFACTORY			No
12/12/2007	200123565	PR	PR	SATISFACTORY			No
06/05/2007	200112557	PR	PR	ACTION REQUIRED		Fail	Yes
03/17/2000	200005301	PR	PR	ACTION REQUIRED	I	Fail	Yes
02/21/1997	500145699	PR	PR			Pass	No
12/05/1995	500145698	PR	PR			Pass	No
11/20/1995	500145697	DG	WO			Pass	No
10/05/1995	500145696	CC	DG			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
213353	WELL	PR	12/19/2013	GW	061-06715	RUTH 1-25	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 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: _____

<u>Location</u>

<u>Lease Road:</u>				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	Trail through farm ground		

<u>Signs/Marker:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY	Sticker on tank		
WELLHEAD	SATISFACTORY	Lease sign mounted to HGS		

Emergency Contact Number (S/AR):	SATISFACTORY	Corrective Date:	_____
Comment:	_____		
Corrective Action:	_____		

<u>Good Housekeeping:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

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

<u>Fencing/:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<u>Equipment:</u>				
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	_____			
Corrective Action	_____			Date:
Type: Plunger Lift	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	_____			
Corrective Action	_____			Date:
Type: Horizontal Heated Separator	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	_____			

Inspector Name: Welsh, Brian

Corrective Action				Date:	
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	OTHER	STEEL AST	38.286750,-102.744110	
S/AR	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition					
Other (Content) _____					
Other (Capacity) 110bbbls _____					
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	NO				
Comment					
Flaring:					
Type			Satisfactory/Action Required		
Comment:					
Corrective Action:				Correct Action Date:	

Predrill

Location ID: 213353

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: 213353

Type: WELL

API Number: 061-06715

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. 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: Welsh, Brian

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
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT