

**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:

04/05/2016

Document Number:

668004302

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 210091      | 322268 | DURAN, JOHN     | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 17210Name of Operator: CINNAMON CREEK OIL & GAS INCAddress: P O BOX 544City: WALSH State: CO Zip: 81090

- ☐ 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         |
|---------------|-----------------------------------|-------------------------|-----------------|
| Mills, Rick   | 719-324-5630/719-353-2523         | walsh000@centurytel.net | All Inspections |
| Hasty, Tim    | (719) 429-3529/<br>(719) 340-0329 | thhasty@gmail.com       | All Inspections |
| Mills, Hellen |                                   | helening1221@yahoo.com  | All Inspections |

**Compliance Summary:**QtrQtr: SWNE Sec: 2 Twp: 19S Range: 70W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 09/04/2015 | 668003812 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 08/15/2014 | 668002460 | PR         | PR          | SATISFACTORY                  | P        |                | No              |
| 08/15/2014 | 668002478 | PR         | PR          | SATISFACTORY                  | P        |                | No              |
| 08/30/2013 | 668200598 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 03/15/2013 | 668200418 | PR         | PR          | ALLEGED VIOLATION             | P        |                | Yes             |
| 04/15/2011 | 200308932 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 03/12/2010 | 200237643 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 11/17/2006 | 200099454 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 10/18/1995 | 500141911 | PR         | PR          |                               |          | Fail           | Yes             |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name       | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|-------------------------------------|
| 210091      | WELL | PR     | 12/17/2007  | OW         | 043-40028 | JOHNSON & STOCKER 1 | PR          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

Inspector Name: DURAN, JOHN

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
|------|------------------------------|---------|-------------------|------|
|      |                              |         |                   |      |

#### Signs/Marker:

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

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 |
|------|------|--------|-------------------|---------|
|      |      |        |                   |         |

☐ Multiple Spills and Releases?

#### Fencing/:

| Type      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------|------------------------------|---------|-------------------|---------|
| PUMP JACK | SATISFACTORY                 |         |                   |         |

#### Equipment:

|                           |                 |                                            |
|---------------------------|-----------------|--------------------------------------------|
| Type: Ancillary equipment | # 1             | Satisfactory/Action Required: SATISFACTORY |
| Comment                   | Electrical box. |                                            |
| Corrective Action         |                 | Date: _____                                |
| Type: Pump Jack           | # 1             | Satisfactory/Action Required: SATISFACTORY |
| Comment                   |                 |                                            |
| Corrective Action         |                 | Date: _____                                |

#### Facilities:

☐ New Tank

Tank ID: \_\_\_\_\_

| Contents  | # | Capacity | Type      | SE GPS |
|-----------|---|----------|-----------|--------|
| CRUDE OIL | 1 | 100 BBLS | STEEL AST | ,      |

Inspector Name: DURAN, JOHN

|                        |              |                     |                     |             |                  |  |
|------------------------|--------------|---------------------|---------------------|-------------|------------------|--|
| S/AR                   | SATISFACTORY | Comment:            |                     |             |                  |  |
| Corrective Action:     |              |                     |                     |             | Corrective Date: |  |
| <u>Paint</u>           |              |                     |                     |             |                  |  |
| Condition              |              | Adequate            |                     |             |                  |  |
| Other (Content) _____  |              |                     |                     |             |                  |  |
| Other (Capacity) _____ |              |                     |                     |             |                  |  |
| Other (Type) _____     |              |                     |                     |             |                  |  |
| <u>Berms</u>           |              |                     |                     |             |                  |  |
| Type                   | Capacity     | Permeability (Wall) | Permeability (Base) | Maintenance |                  |  |
| Earth                  | Adequate     | Walls Sufficent     | Base Sufficient     | Adequate    |                  |  |
| Corrective Action      |              |                     |                     |             | Corrective Date  |  |
| Comment                |              |                     |                     |             |                  |  |

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

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

**Predrill**

Location ID: 210091

**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: 210091 Type: WELL API Number: 043-40028 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR - 317B : Protected Waters.

**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? \_\_\_\_\_

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? \_\_\_\_\_

**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: \_\_\_\_\_

Inspector Name: DURAN, JOHN

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            | Gravel                  | Pass                  |               |                          |         |

S/A/V: SATISFACTOR

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

Y

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

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

**Pits:** ☒ NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment                                                                                                                                | User   | Date       |
|----------------------------------------------------------------------------------------------------------------------------------------|--------|------------|
| 317B : This well is on the high side of the Arkansas River about 400 ft South of river and about 25 ft up in elevation from the river. | duranj | 04/07/2016 |