

**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:

04/28/2016

Document Number:

679901474

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 253193 | 303495 | Welsh, Brian | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10272Name of Operator: WEYERMAN* RALPH & BEVERLYAddress: PO BOX 36City: IDALIA State: CO Zip: 80735

- ☐ 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 |
|-----------------|---------------|------------------------|---------|
| Weyerman, Ralph | (970)354-7500 | weyerman@plainstel.com | |

Compliance Summary:QtrQtr: SESW Sec: 7 Twp: 5S Range: 43W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 12/09/2014 | 668500671 | PR | TA | ACTION REQUIRED | I | | No |
| 06/17/2010 | 200255750 | PR | PR | SATISFACTORY | | | No |
| 08/13/2008 | 200193911 | PR | PR | SATISFACTORY | | | No |
| 03/07/2007 | 200106280 | PR | PR | SATISFACTORY | | Pass | No |
| 08/29/2003 | 200043056 | PR | PR | SATISFACTORY | | Pass | No |
| 07/28/1997 | 500179888 | PR | PR | | | Pass | |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 253193 | WELL | PR | 08/01/2014 | GW | 125-07070 | WEYERMAN 14-7 | DM | <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

Inspector Name: Welsh, Brian

| | | | | |
|--------------------|------------------------------|-------------------------------------|-------------------|------|
| Lease Road: | | | | |
| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
| Access | SATISFACTORY | Access wellhead through farm ground | | |

| | | | | |
|----------------------|------------------------------|--------------------------------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | Install lease sign at wellhead | | |

Emergency Contact Number (S/AR): _____ 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 |
| | | | | |

| | | | | |
|-------------------|---|-------------------------------|--|-------|
| Equipment: | | | | |
| Type: | # | Satisfactory/Action Required: | | |
| Comment | | | | |
| Corrective Action | | | | Date: |

| | |
|-----------------|--|
| Venting: | |
| Yes/No | |
| Comment | |

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

Predrill

Location ID: 253193

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: 253193 Type: WELL API Number: 125-07070 Status: PR Insp. Status: DM

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: PEAK WIRELINE ON LOCATION TO SET RETRIEVABLE PLUG AT 1435'. MIRU CROWN & WATER SERVICES. LOAD CSG W/20BBL. PRESSURED UP TO 370 PSI. 5 MIN 370#. 10 MIN 370#. 15 MIN 370#. LOSS OF 0 PSI

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: Welsh, Brian

| | | | |
|---|--|------------------------------|-------------|
| Comment: <input style="width: 700px;" type="text"/> | | | |
| Corrective Action: _____ | | Date: _____ | |
| Reportable: _____ | GPS: Lat _____ | Long _____ | |
| Proximity to Surface Water: _____ | | Depth to Ground Water: _____ | |
| <u>Water Well:</u> | | | |
| DWR Receipt Num: _____ | | Owner Name: _____ | GPS : _____ |
| <u>Field Parameters:</u> | | | |
| <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? <u>Pass</u> | |
| CM _____ | |
| CA _____ | CA Date _____ |
| Unused or unneeded equipment onsite? <u>Pass</u> | |
| CM _____ | |
| CA _____ | CA Date _____ |
| Pit, cellars, rat holes and other bores closed? <u>Pass</u> | |
| 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 | |
| <u>Cropland</u> | |
| Top soil replaced _____ | Recontoured _____ Perennial forage re-established _____ |

Inspector Name: Welsh, Brian

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: _____

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 | | | | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: Location and access are farmed over

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT