

**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:

05/16/2016

Document Number:

679901531

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|---------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>206029</u> | <u>321096</u> | <u>Welsh, Brian</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>10330</u> |
| Name of Operator: | <u>INVESTMENT EQUIPMENT LLC</u> |
| Address: | <u>17509 COUNTY ROAD 14</u> |
| City: | <u>FT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u> |

- 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 |
|--------------|-------|-----------------------------|---------|
| Quint, Craig | | craig.quint@state.co.us | |
| Rebol, Dave | | investmentequipment@cox.net | |

Compliance Summary:

QtrQtr: NWNW Sec: 12 Twp: 35S Range: 46W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/19/2015 | 668501584 | SI | AC | SATISFACTORY | | | No |
| 04/01/2015 | 678300175 | SI | EI | ACTION REQUIRED | | | No |
| 07/16/2014 | 668602877 | SI | SI | SATISFACTORY | P | | No |
| 08/15/2013 | 668601220 | SI | SI | SATISFACTORY | | | No |
| 07/11/2013 | 668601062 | SI | SI | ACTION REQUIRED | | | No |
| 08/23/2012 | 668200135 | SI | TA | ALLEGED VIOLATION | | | Yes |
| 07/27/2011 | 200316359 | RT | SI | ACTION REQUIRED | | | Yes |
| 06/22/2010 | 200257335 | RT | SI | ACTION REQUIRED | | | Yes |
| 08/03/2009 | 200216215 | RT | SI | ACTION REQUIRED | | | Yes |
| 07/16/2008 | 200193298 | MI | SI | SATISFACTORY | | | No |
| 07/11/2007 | 200114827 | RT | SI | SATISFACTORY | | Pass | No |
| 08/01/2006 | 200094746 | RT | AC | SATISFACTORY | | Pass | No |
| 02/10/2005 | 200066928 | RT | AC | SATISFACTORY | | Pass | No |
| 08/10/2004 | 200058066 | RT | AC | SATISFACTORY | | Pass | No |
| 07/29/2003 | 200042219 | MI | AC | SATISFACTORY | | Pass | No |
| 08/08/2002 | 200029690 | RT | AC | SATISFACTORY | | Pass | No |
| 08/23/2001 | 200019484 | RT | AC | SATISFACTORY | | Pass | No |
| 02/23/2001 | 200015397 | PR | AC | SATISFACTORY | I | Pass | No |
| 03/03/2000 | 200005079 | RT | AC | SATISFACTORY | I | Pass | No |

Inspector Name: Welsh, Brian

| | | | | | | | |
|------------|-----------|----|----|--|--|------|----|
| 05/04/1999 | 500136385 | PR | AC | | | Pass | No |
| 06/11/1998 | 500136384 | PR | AC | | | Pass | No |
| 02/13/1997 | 500136383 | PR | AC | | | Pass | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 206029 | WELL | IJ | 11/12/2015 | ERIW | 009-06445 | TSRU 601W | AC | <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 | SATISFACTORY | Two track through pasture | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|------------------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | Lease sign by wellhead | | |

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 |
|----------|------------------------------|----------------------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | Pipe fence around wellhead | | |

| | | | |
|---------------------------|-------------------|-------------------------------|--------------|
| Equipment: | | | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | Meter on wellhead | | |
| Corrective Action | | Date: | |
| Type: Deadman # & Marked | # 3 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |

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

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

Predrill

Location ID: 206029

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: 206029 Type: WELL API Number: 009-06445 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 8 PSIG
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____
Inj Zone: LNSNG

TC: Pressure or inches of Hg 0 PSIG

Previous Test Pressure _____ Last MIT: 08/15/2013

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTRReq: NO

Comment: **CASING HAD A LIGHT PUFF THAT DIED IMMEDIATELY, TBG IJ @ 8 PSIG**

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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? Pass
 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:

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 | | | |

Inspector Name: Welsh, Brian

| | | | | | | |
|--------|------|--|--|--|--|--|
| Gravel | Pass | | | | | |
|--------|------|--|--|--|--|--|

S/A/V: SATISFACTOR

Corrective Date: _____

Y _____

Comment: Location and access are grassed over

CA: _____

Pits: NO SURFACE INDICATION OF PIT