

**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:

05/19/2016

Document Number:

678800062

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 206603 | 321291 | LEONARD, MIKE | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 39560Name of Operator: TOP OPERATING COMPANYAddress: 3609 S WADSWORTH BLVD STE 340City: LAKEWOOD State: CO Zip: 80235

- ☐ 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 |
|-----------------|--------------|-------------------------------|---------|
| Herring, Paul | 303-727-9915 | paul.herring@topoperating.com | |
| Herring, Debora | | toporting@aol.com | |

Compliance Summary:QtrQtr: NESE Sec: 12 Twp: 3N Range: 69W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/21/2014 | 668301236 | PR | SI | ACTION REQUIRED | P | | No |
| 11/22/2013 | 600000307 | PR | SI | SATISFACTORY | P | | No |
| 03/25/1998 | 500137147 | PR | PR | | | Pass | No |
| 03/09/1995 | 500137146 | PR | PR | | | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 206603 | WELL | PR | 02/17/2015 | OW | 013-06098 | PEDICORD 1 | SI | <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: LEONARD, MIKE

| | | | | |
|--------------------|------------------------------|---------|-------------------|------|
| Lease Road: | | | | |
| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
| | | | | |

| | | | | |
|----------------------|------------------------------|---|---|------------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| BATTERY | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | ACTION REQUIRED | NFPA label and capacity signage are not installed or readily readable as required by inspection from 4/21/2014 Document #668301236 (see attached photo) | Install sign to comply with rule 210.d. | 05/21/2014 |

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 |
| | | | | |

| | | | | |
|-------------------|--|-------------------------------|--------------|-------------|
| Equipment: | | | | |
| Type: Prime Mover | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | On pumpjack | | | |
| Corrective Action | | | | Date: _____ |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | Stored neatly at wellhead for future use | | | |
| Corrective Action | | | | Date: _____ |

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

| | |
|-----------------|------------------------------|
| Flaring: | |
| Type | Satisfactory/Action Required |
| | |

Inspector Name: LEONARD, MIKE

| | | | |
|--------------------|--|----------------------|--|
| Comment: | | | |
| Corrective Action: | | Correct Action Date: | |

Predrill

Location ID: 206603

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: <u>206603</u> | Type: <u>WELL</u> | API Number: <u>013-06098</u> | Status: <u>PR</u> | Insp. Status: <u>SI</u> |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: _____

Environmental

Spills/Releases:

Inspector Name: LEONARD, MIKE

| | | |
|--|------------------------------|-------------------------------|
| Type of Spill: _____ | Description: _____ | Estimated Spill Volume: _____ |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |
| Corrective Action: _____ | | Date: _____ |
| Reportable: _____ | GPS: Lat _____ | Long _____ |
| Proximity to Surface Water: _____ | Depth to Ground Water: _____ | |

| | | | |
|------------------------|-------------------|-------------|------------|
| Water Well: | | Lat _____ | Long _____ |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ | |

| |
|--------------------------|
| 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |

| |
|---|
| 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

Inspector Name: LEONARD, MIKE

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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

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

| Document Num | Description | URL |
|--------------|----------------------------|---|
| 678800062 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3859978 |
| 678800070 | Missing Water Vault Labels | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3859975 |