

**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:

05/25/2016

Document Number:

673403211

Overall Inspection:

**ACTION REQUIRED****FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	232637	316755	Waldron, Emily	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 10469Name of Operator: ENERGY INVESTMENTS INCAddress: PO BOX 17630City: GOLDEN State: CO Zip: 80402

- ☐ 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
Neidel, Kris		kris.neidel@state.co.us	
		ann@energy-investments.com	
Hall, Dan		dan@energyop.com	
		energyinv@msn.com	

**Compliance Summary:**QtrQtr: SWSW Sec: 11 Twp: 5N Range: 87W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/06/2012	662300398	PR	PR	SATISFACTORY			No
05/17/2011	200314591	PR	PR	<b>ACTION REQUIRED</b>			Yes
02/22/2011	200298406	PR	PR	<b>ACTION REQUIRED</b>			Yes
06/17/1996	500157965	ID	SI			Pass	Yes

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

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
232637	WELL	PR	08/01/2010	OW	107-06051	TOW CREEK 13-11	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				
<b>Lease Road:</b>				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	Road has ruts in multiple areas.		
<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	ACTION REQUIRED	Not all tanks fully labeled.	Install sign to comply with rule 210.	06/27/2016
BATTERY	ACTION REQUIRED	No sign at battery. Only sign on location at wellhead. Sign at wellhead lists Omimex as operator.	Install sign to comply with rule 210.	06/27/2016
WELLHEAD	ACTION REQUIRED	Sign at wellhead lists Omimex as operator.	Install sign to comply with rule 210.	06/27/2016
Emergency Contact Number (S/AR): ACTION Corrective Date: 06/27/2016				
Comment: No emergency contact information for current operator on location.				
Corrective Action: Install sign to comply with Rule 210.e.				
<b>Good Housekeeping:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	Pump Jack	<= 1 bbl	Operator should submit a eForm spill within 72 hours of discovery of spill. Please direct any questions regarding spill or spill reporting to COGCC Environmental staff Kris Neidel (kris.neidel@state.co.us or 970-871-1963). All haul manifest shall be submitted to Environmental for final disposition of soil.	05/30/2016
<input type="checkbox"/> Multiple Spills and Releases?				
<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PUMP JACK	SATISFACTORY			
TANK BATTERY	SATISFACTORY			
<b>Equipment:</b>				
Type: Pump Jack	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment	Stained soil with scrape marks at wellhead.			
Corrective Action				Date:
Type: Deadman # & Marked	# 4	Satisfactory/Action Required: SATISFACTORY		

Inspector Name: Waldron, Emily

Comment			
Corrective Action			Date:
Type: Bird Protectors	#	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	HEATED STEEL AST	,

S/AR	SATISFACTORY	Comment:	
Corrective Action:			Corrective Date:

Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate			Inadequate

Corrective Action	Repair or install berms or other secondary containment devices per Rule 605.a.(4).	Corrective Date	06/27/2016
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Comment	Stormwater has compromised berm capacity.
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**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
OTHER	1	400 BBLS	OTHER	40.400680,-107.122760

S/AR	SATISFACTORY	Comment:	Gunbarrel
Corrective Action:			Corrective Date:

Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate			Inadequate

Corrective Action	Repair or install berms or other secondary containment devices per Rule 605.a.(4).	Corrective Date	06/27/2016
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Comment	Stormwater has compromised berm capacity.
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**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	HEATED STEEL AST	,

S/AR	SATISFACTORY	Comment:	
Corrective Action:			Corrective Date:

Inspector Name: Waldron, Emily

Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate			Inadequate

Corrective Action	Repair or install berms or other secondary containment devices per Rule 605.a.(4).	Corrective Date	06/27/2016
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Comment	Stormwater has compromised berm capacity.
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**Venting:**

Yes/No	YES
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Comment	Venting sound coming from wellhead. Video attached.
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**Flaring:**

Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

**Predrill**

Location ID: 232637

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: 232637 Type: WELL API Number: 107-06051 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

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

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

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

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

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

Inspector Name: Waldron, Emily

Corrective Action: _____		
Reportable: _____	GPS: Lat _____	Long _____
Proximity to Surface Water: _____		Depth to Ground Water: _____
<b><u>Water Well:</u></b>		
DWR Receipt Num: _____	Owner Name: _____	GPS : _____
<b><u>Field Parameters:</u></b>		
Sample Location: _____		
Emission Control Burner (ECB): _____		
Comment: _____		
Pilot: _____	Wildlife Protection Devices (fired vessels): _____	
<b><u>Reclamation - Storm Water - Pit</u></b>		
<b><u>Interim Reclamation:</u></b>		
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		
<u>Cropland</u>		
Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
<u>Non-Cropland</u>		

Inspector Name: Waldron, Emily

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: SATISFACTOR  
Y

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

Comment: No apparent soil migration; erosion or soil movement.

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
673403219	Inspection Photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3866629">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3866629</a>
673403220	Video	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3866630">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3866630</a>