

**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:

06/13/2016

Document Number:

675102595

Overall Inspection:

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

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 230392      | 315193 | GRANAHAN, KYLE  | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 53255Name of Operator: MARALEX RESOURCES, INCAddress: P O BOX 338City: IGNACIO State: CO Zip: 81137

- ☐ 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           |
|-------------------|-----------------------------------|------------------------------|-------------------|
| Spencer, Stan     |                                   | stan.spencer@state.co.us     |                   |
| O'Hare, Mickey    | (970) 563-4000/<br>(719) 429-3529 | amohare@maralexinc.com       | All Inspections   |
| Tahmahkera, Kerry | (970) 563-4000                    | maralextech@gmail.com        | All Inspections   |
| Thompson, Bud     |                                   | BLThomps@BLM.gov             |                   |
| Ellsworth, Stuart |                                   | stuart.ellsworth@state.co.us |                   |
| Burger, Craig     |                                   | craig.burger@state.co.us     |                   |
| Graves, Jim       | (970) 858-8550                    | mrinc20@qwestoffice.net      | Operation Manager |

**Compliance Summary:**QtrQtr: SWNW Sec: 20 Twp: 4S Range: 101W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/20/2012 | 663800290 | SI         | SI          | <b>ACTION REQUIRED</b>        |          |                | No              |

**Inspector Comment:**

Well SI at time of inspection - production records indicate well last produced in December 2010, no MIT on file. Previous inspection - doc # 663800290, indicated a pit on location - pit no longer present on location.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 109334      | PIT  | CL     | 08/26/2015  |            | -         | TRAIL CANYON 20-1 | CL          |
| 117301      | PIT  | AL     | 09/23/1999  |            | -         | USA 1-20C         | AL          |
| 230392      | WELL | SI     | 09/11/1995  | GW         | 103-08054 | TRAIL CANYON 20-1 | SI          |

**Equipment:****Location Inventory**

Inspector Name: GRANAHAH, KYLE

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

Emergency Contact Number (S/AR): SATISFACTORY

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

Comment: 970-858-8550

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                 |         |                   |         |

#### Equipment:

|                                   |     |                               |              |
|-----------------------------------|-----|-------------------------------|--------------|
| Type: Gas Meter Run               | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |     |                               |              |
| Corrective Action                 |     |                               |              |
| Type: Bird Protectors             | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |     |                               |              |
| Corrective Action                 |     |                               |              |
| Type: Horizontal Heated Separator | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |     |                               |              |
| Corrective Action                 |     |                               |              |
| Type: Deadman # & Marked          | # 4 | 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: 230392

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: 230392 | Type: WELL | API Number: 103-08054 | Status: SI | Insp. Status: SI |
|---------------------|------------|-----------------------|------------|------------------|

**Idle Well**Purpose: ☒ Shut In☐ Temporarily Abandoned

Reminder: PRODUCTION RECORDS

S/A/V: ACTION

CA Date: 06/27/2016

CA: Contact COGCC Area Engineer.

Comment: Well SI at time of inspection - production records indicate well last produced in December 2010, no MIT on file.

**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

Inspector Name: GRANAHAH, KYLE

- 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            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

Comment: **No sediment flow evident**

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

Pits: ☒ NO SURFACE INDICATION OF PIT