

**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:

06/14/2016

Document Number:

679901609

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	290778	337978	Welsh, Brian	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 75027Name of Operator: ROSEWOOD RESOURCES INCAddress: 2101 CEDAR SPRINGS RD STE 1500City: DALLAS State: TX Zip: 75201

- ☐ 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
Mahon, Wayne	970-630-6834	wmahon@rosewd.com	
Quint, Craig		craig.quint@state.co.us	

Compliance Summary:QtrQtr: NESE Sec: 3 Twp: 3N Range: 47W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/21/2015	680300311	IJ	IJ	SATISFACTORY			No
07/21/2014	667200223	IJ	IJ	SATISFACTORY			No
04/08/2014	664001650	IJ	IJ	SATISFACTORY			No
08/01/2013	664001175	IJ	AC	SATISFACTORY			No
07/17/2012	663300311	IJ	IJ	SATISFACTORY	P		No
07/08/2011	200315175	RT	AC	SATISFACTORY			No
06/16/2010	200255975	RT	AC	SATISFACTORY			No
07/01/2009	200214068	RT	AC	SATISFACTORY			No
04/18/2008	200130519	RT	AC	SATISFACTORY			No
02/06/2008	200126692	MI	SI				

Inspector Comment:Routine UIC Inspection**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159204	UIC DISPOSAL	AC	03/20/2008		-	GILBERT 1-3 SWD	AC
290778	WELL	IJ	08/30/2010	DSPW	125-10827	GILBERT 01-03	AC

Equipment:Location Inventory

Inspector Name: Welsh, Brian

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 grassland		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Lease sign by fiberglass shed		
TANK LABELS/PLACARDS	SATISFACTORY	Metal sign by tanks. Stencils on tanks. Need labeling for 150bbl tank		
BATTERY	SATISFACTORY	Lease sign by fiberglass shed at tank battery		

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
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Metal panels around fiberglass shed		
TANK BATTERY	SATISFACTORY	Chainlink fence around tank battery		

Equipment:

Type: Ancillary equipment	# 6	Satisfactory/Action Required: SATISFACTORY
Comment	Electric panel and cathodic rectifier at wellhead. Electric panel, filter pot and water pump in fiberglass shed. Telemetry equipment at fiberglass shed	
Corrective Action	Date: _____	

Inspector Name: Welsh, Brian

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	FIBERGLASS AST	40.250070,-102.604320
S/AR	SATISFACTORY		Comment: 1-150bbl fiberglass tank on south side of tank battery	
Corrective Action:				Corrective Date:

Paint

Condition	
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Other (Content) _____

Other (Capacity) 150bbbls _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	Shared berms
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Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	400 BBLS	FIBERGLASS AST	40.250070,-102.604320
S/AR	SATISFACTORY		Comment: 3-400bbl fiberglass tanks	
Corrective Action:				Corrective Date:

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment	
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Venting:

Yes/No	NO
Comment	

Flaring:

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

Predrill

Location ID: 290778

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: 290778

Type: WELL

API Number: 125-10827

Status: IJ

Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 6 PSIG Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DKTA

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 08/01/2013

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ 6 PSIG

Method of Injection: _____

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:

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: _____

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Inspector Name: Welsh, Brian

Pit, cellars, rat holes and other bores closed? Pass

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

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

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: Erosion at entrance to tank battery from recent precipitation. Will need maintenance soon

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT