

**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:

07/13/2016

Document Number:

673713520

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 268406 | 304605 | Sherman, Susan | <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 |
|------------------|----------------|-------------------------|---------------------|
| Quint, Craig | | craig.quint@state.co.us | |
| Krehmeyer, James | (970) 848-2228 | jkrehmeyer@rosewd.com | cell (970) 630-3880 |

Compliance Summary:QtrQtr: NWSE Sec: 28 Twp: 1N Range: 43W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/24/2015 | 673710221 | IJ | IJ | SATISFACTORY | | | No |
| 05/21/2014 | 673703332 | IJ | AC | SATISFACTORY | P | | No |
| 08/01/2013 | 664001176 | IJ | AC | SATISFACTORY | | | No |
| 07/18/2012 | 663300326 | IJ | IJ | SATISFACTORY | I | | No |
| 06/16/2011 | 200312787 | RT | AC | SATISFACTORY | | | No |
| 06/15/2010 | 200255931 | MI | AC | SATISFACTORY | | | No |
| 06/09/2010 | 200254342 | RT | AC | SATISFACTORY | | | No |
| 08/03/2009 | 200215907 | RT | AC | SATISFACTORY | | | No |
| 03/05/2009 | 200205143 | RT | AC | SATISFACTORY | | | No |
| 04/18/2008 | 200130516 | RT | AC | SATISFACTORY | | | No |
| 04/12/2007 | 200110185 | RT | AC | SATISFACTORY | | Pass | No |
| 07/26/2006 | 200094775 | RT | AC | SATISFACTORY | | Pass | No |
| 08/09/2005 | 200075359 | MI | PD | SATISFACTORY | | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|--------------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 159147 | UIC DISPOSAL | AC | 10/11/2005 | | - | LEONARD #1-28 | AC | <input type="checkbox"/> |
| 268406 | WELL | IJ | 04/14/2006 | DSPW | 125-08758 | LEONARD 1-28 | 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 Motors: _____ | 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 |
|----------------------|------------------------------|---------|-------------------|---------|
| BATTERY | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |

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 |
|--------------|------------------------------|--------------|-------------------|---------|
| TANK BATTERY | SATISFACTORY | chain link | | |
| WELLHEAD | SATISFACTORY | steel panels | | |

Equipment:

| | | |
|---------------------------|---------------------------|--|
| Type: Ancillary equipment | # 2 | Satisfactory/Action Required: SATISFACTORY |
| Comment | electric panel, well shed | |
| Corrective Action | Date: _____ | |

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|---------------------|--------|
| | | | CENTRALIZED BATTERY | , |

Inspector Name: Sherman, Susan

| | | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|------------------|--|
| S/AR | | Comment: | | | | |
| Corrective Action: | | | | | Corrective Date: | |
| Paint | | | | | | |
| Condition | | | | | | |
| Other (Content) | | | | | | |
| Other (Capacity) | | | | | | |
| Other (Type) | | | | | | |
| Berms | | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | |
| | | | | | | |
| Corrective Action | | | | | Corrective Date | |
| Comment | | | | | | |

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

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

Predrill

Location ID: 268406

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: 268406 Type: WELL API Number: 125-08758 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: REGN

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 04/24/2015

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

Comment: Slight blow on casing that died immediately.

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: dryland corn

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

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

Inspector Name: Sherman, Susan

| | | | | | | |
|--|------|------------------------|--|--|--|--|
| Compaction | Pass | | | | | |
| S/A/V: SATISFACTOR | | Corrective Date: _____ | | | | |
| Y | | | | | | |
| Comment: | | | | | | |
| CA: | | | | | | |
| Pits: <input type="checkbox"/> 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 |
|--------------|--------------------------------------|---|
| 673713520 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903805 |
| 673713527 | Rosewood Leonard 1-28 Routine UIC | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903800 |