

**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:

07/22/2016

Document Number:

673713591

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num:
	218118	309593	Sherman, Susan		

Operator Information:OGCC Operator Number: 10548Name of Operator: HRM RESOURCES II LLCAddress: 410 17TH STREET #1600City: DENVER State: CO Zip: 80202

- ☐ 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	
Hutson, L. Roger	(303) 893-6621	lrhutson@hrmres.com	
Prohaska, April	(303) 996-8697	aprohaska@hrmres.com	
Pape, Terry	(970) 768-5700	tpape@hrmres.com	

Compliance Summary:QtrQtr: NENW Sec: 19 Twp: 10S Range: 53W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/13/2015	673711972	IJ	AC	SATISFACTORY			No
06/03/2015	673710563	IJ	AC	SATISFACTORY			No
04/04/2014	673702179	IJ	IJ	SATISFACTORY			No
04/19/2013	668600647	IJ	AC	SATISFACTORY			No
08/14/2012	663901505	IJ	SI	SATISFACTORY	P		No
04/29/2011	200309921	RT	AC	SATISFACTORY			No
02/22/2011	200297716	RT	AC	SATISFACTORY			No
04/05/2010	200240998	RT	AC	SATISFACTORY			No
04/14/2009	200208736	RT	AC	SATISFACTORY			No
04/29/2008	200189235	RT	AC	SATISFACTORY			No
08/22/2007	200117998	MI	AC	SATISFACTORY			No
08/07/2007	200116599	MI	IO	ACTION REQUIRED			Yes
08/03/2007	200116591	RT	WO	ACTION REQUIRED			Yes
07/24/2007	200115572	MI	AC	ACTION REQUIRED		Fail	Yes
05/17/2006	200091046	RT	AC	SATISFACTORY		Pass	No
06/23/2005	200074072	RT	AC	SATISFACTORY		Pass	No
08/05/2004	200058090	RT	AC	SATISFACTORY		Pass	No
08/26/2003	200043329	RT	AC	SATISFACTORY		Pass	No

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08/30/2002	200030178	MI	AC	SATISFACTORY		Pass	No
11/17/2000	200012745	ID	TA	SATISFACTORY	I	Pass	No
10/06/1997	500152315	ID	TA			Fail	Yes
08/06/1996	500152314	MT	TA			Pass	No
12/15/1995	500152313	ID	TA			Fail	Yes

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
116145	PIT		09/23/1999		-	O'BRIEN 1-19		<input type="checkbox"/>
159070	UIC DISPOSAL	AC	12/13/2001		-	SSM OBRIEN 1-19	AC	<input type="checkbox"/>
218118	WELL	IJ	05/17/2002	DSPW	073-06103	SSM O'BRIEN 1-19	AC	<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

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: _____

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	steel panels		

Equipment:				
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	,
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: 218118

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: 218118

Type: WELL

API Number: 073-06103

Status: IJ

Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -28 in Hg
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: LGKCTC: Pressure or inches of Hg 0

Previous Test Pressure _____

Last MIT: 08/13/2012

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTReq: _____

Comment: Casing has slight blow that died immediately. (Production well down at time of observation.)Method of Injection: GRAVITY FEED

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:

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: pasture1003a. 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? Pass

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				

COGCC Comments		
Comment	User	Date
Routine UIC	ShermaSe	07/25/2016

Attached Documents		
You can go to COGCC Images (https://cogcc.state.co.us/weblink/) and search by document number:		
Document Num	Description	URL
673713591	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3912369
673713602	HRM SSM O'Brien 1-19 Routine UIC	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3912362