

**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:

07/20/2016

Document Number:

673713565

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	233520	316961	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 31257Name of Operator: FRITZLER RESOURCES INCAddress: P O BOX 114City: FORT MORGAN State: CO Zip: 80701

- ☒ 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
Fritzler, Gene	(970) 867-9388	gfritzler@bresnan.net	

Compliance Summary:QtrQtr: SWSW Sec: 15 Twp: 3S Range: 54W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/21/2014	673705710	PR	PR	ACTION REQUIRED	I		No
03/07/2013	664000828	PR	PR	ACTION REQUIRED			No
11/15/2007	200122519	PR	PR	SATISFACTORY			No
10/18/2007	200121176	PR	PR	ACTION REQUIRED			Yes
03/12/2007	200106672	PR	PR	SATISFACTORY		Pass	No
07/16/2003	200041677	PR	PR	SATISFACTORY		Pass	No
02/25/2002	200024444	PR	PR	SATISFACTORY		Pass	No
06/21/2001	851498	ES	PR	ACTION REQUIRED		Fail	Yes
05/15/1998	500158376	PR	PR			Pass	
07/22/1997	500158375	CO	PR			Fail	Yes
12/08/1995	500158372	PR	PR			Fail	
09/25/1995	500158374	PR	PR			Fail	Yes

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
107623	PIT	AC	09/23/1999		-	PETERSON	AC
117582	PIT	AC	09/23/1999		-	PETERSON 2	AC
233520	WELL	PR	06/26/1990	OW	121-05569	T R PETERSON 2	PR

Equipment:**Location Inventory**

Inspector Name: Sherman, Susan

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
TANK LABELS/PLACARDS	SATISFACTORY	West tank does not have contents label (produced water tank).		
BATTERY	SATISFACTORY	Add T R Petterson 2 well name to battery sign		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS		Control weeds at pits next to drainage		
OTHER		Close hatch on middle crude oil tank (see attached photo). Maintain full pail of oil under truck load out valve (see attached photo). Fix valve leak on back side of eastern tank (see attached photo). Remove white container at wellhead or provide secondary containment and label (see attached photo).		

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
PIT	SATISFACTORY	barbed wire		
PUMP JACK	SATISFACTORY	steel panels		

Equipment:				
Type: Pump Jack	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	concrete pad			
Corrective Action				Date:
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 5	Satisfactory/Action Required:	SATISFACTORY	
Comment	chemical container, gas scrubber and 2 electric poles at wellhead, propane tank at VHT			
Corrective Action				Date:
Type: Veritcal Heater Treater	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	shed, bermed, concrete pad			
Corrective Action				Date:
Type: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	electric motor, shed			
Corrective Action				Date:
Type: Bird Protectors	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment	on VHT and fiberglass tank			
Corrective Action				Date:

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY	Comment:		
Corrective Action:				Corrective Date:

Paint	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment	same berms as crude oil tanks			

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Facilities:		New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	300 BBLS	STEEL AST	30.783270,-103.423090	
S/AR	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient		
Corrective Action				Corrective Date	
Comment		Tank berms worn down from the weather. Maintain soon.			
Venting:					
Yes/No					
Comment					
Flaring:					
Type		Satisfactory/Action Required			
Comment:					
Corrective Action:				Correct Action Date:	

Predrill

Location ID: 233520

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: 0 Type: _____ API Number: - Status: _____ Insp. Status: _____

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 _____

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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: pasture

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 _____

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:

Inspector Name: Sherman, Susan

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	MHSP	Pass	
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: Maintain rills forming on access road at tank battery from recent storm (near VHT and western pit).

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type: Produced Water Lined: NO Pit ID: _____ Lat: 39.783310 Long: -103.423370

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____

Oil Accumulation: NO

2+ feet Freeboard: _____

Pit (S/A/V): SATISFACTOR

Comment: Berms raised on NW corner as requested. Install freeboard marker. Drainage ~75' north of pits.

Corrective Action: _____

Date: _____

Pit Type: Produced Water Lined: NO Pit ID: _____ Lat: 39.783330 Long: -103.422930**Lining:**

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:Fencing Type: Livestock Fencing Condition: AdequateComment: barbed wire**Netting:**

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____Pit (S/A/V): SATISFACTOR Comment: Install freeboard marker.

Corrective Action: _____ Date: _____

Pit Type: Skimming/Settling Lined: YES Pit ID: _____ Lat: 39.783260 Long: -103.422640**Lining:**Liner Type: Other Liner Condition: AdequateComment: partially buried fiberglass, 120 BBL tank**Fencing:**Fencing Type: Livestock Fencing Condition: AdequateComment: barbed wire**Netting:**

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/A/V): SATISFACTOR Comment: _____

Corrective Action: _____ Date: _____

Pit Type: Produced Water Lined: NO Pit ID: _____ Lat: 39.783330 Long: -103.422620**Lining:**

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:Fencing Type: Livestock Fencing Condition: AdequateComment: barbed wire**Netting:**

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____Pit (S/A/V): SATISFACTOR Comment: Install freeboard marker.

Corrective Action: _____ Date: _____

Attached DocumentsYou can go to COGCC Images ([https://cogcc.state.co.us/weblink/](https://cogcc.state.co.us/webblink/)) and search by document number:

Inspector Name: Sherman, Susan

Document Num	Description	URL
673713565	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3913707
673713609	Fritzler T R Peterson 2	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3913700