

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:
07/28/2016
Document Number:
673403447

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|-----------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>222793</u> | <u>312900</u> | <u>Waldron, Emily</u> | <input type="checkbox"/> | |

Overall Inspection:
SATISFACTORY w/ CMT or AR

Operator Information:

| | |
|-----------------------|--|
| OGCC Operator Number: | <u>10548</u> |
| Name of Operator: | <u>HRM RESOURCES II LLC</u> |
| Address: | <u>410 17TH STREET #1600</u> |
| City: | <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |

- 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 |
|-----------------|--------------|----------------------|-----------------|
| Pape, Terry | 970-768-5700 | tpape@hrmres.com | All Inspections |
| Prohaska, April | 303-893-6621 | aprohaska@hrmres.com | All Inspections |

Compliance Summary:

QtrQtr: SWNW Sec: 15 Twp: 10N Range: 94W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 02/23/2015 | 673401817 | PR | PR | ACTION REQUIRED | | | No |
| 10/22/2014 | 673401249 | PR | PR | ACTION REQUIRED | | | No |
| 01/02/2014 | 673400178 | PR | PR | ACTION REQUIRED | I | | No |
| 01/10/2013 | 669300314 | PR | PR | ALLEGED VIOLATION | | | Yes |
| 10/15/2012 | 669300201 | PR | PR | ACTION REQUIRED | I | | No |
| 01/10/2012 | 662300107 | PR | PR | ACTION REQUIRED | | | No |
| 05/09/2011 | 200311257 | PR | PR | ACTION REQUIRED | | | Yes |
| 06/05/2000 | 200008033 | PR | PR | SATISFACTORY | | Pass | No |
| 09/27/1999 | 500154532 | PR | PR | | | Pass | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------|--|
| 222793 | WELL | PR | 02/02/1972 | GW | 081-06153 | BIGHOLE-FEDERAL 15-1 | PR <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

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

Inspector Name: Waldron, Emily

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 | ACTION REQUIRED | No NFPA diamond on condensate tank. | Install sign to comply with rule 210. | 03/23/2015 |
| BATTERY | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: 720-836-6046

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-------|------------------------------|---------------------------|--|------------|
| WEEDS | SATISFACTORY | Annual weeds on location. | Comply with Rule 603.f using the Rule 603.f guidance document for further details. | 08/29/2016 |

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 | | | |

Equipment:

| | | | |
|-----------------------------------|-----|-------------------------------|--------------|
| Type: Bird Protectors | # | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: _____ |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: _____ |
| Type: Horizontal Heated Separator | # 1 | Satisfactory/Action Required: | SATISFACTORY |

| | | | |
|-------------------|--|--|-------|
| Comment | | | |
| Corrective Action | | | Date: |

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|----------|-----------|-----------------------|
| CONDENSATE | 1 | 300 BBLS | STEEL AST | 40.826950,-107.940350 |

| | | | | |
|------|--------------|----------|--|--|
| 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 | | | Adequate |

| | | | | | |
|-------------------|--|--|-----------------|--|--|
| Corrective Action | | | Corrective Date | | |
|-------------------|--|--|-----------------|--|--|

| | | | | |
|---------|--|--|--|--|
| Comment | | | | |
|---------|--|--|--|--|

Venting:

| | | | | |
|--------|----|--|--|--|
| Yes/No | NO | | | |
|--------|----|--|--|--|

| | | | | |
|---------|--|--|--|--|
| Comment | | | | |
|---------|--|--|--|--|

Flaring:

| | | | | | |
|------|--|--|------------------------------|--|--|
| Type | | | Satisfactory/Action Required | | |
|------|--|--|------------------------------|--|--|

| | | | | |
|----------|--|--|--|--|
| Comment: | | | | |
|----------|--|--|--|--|

| | | | | | |
|--------------------|--|--|----------------------|--|--|
| Corrective Action: | | | Correct Action Date: | | |
|--------------------|--|--|----------------------|--|--|

Predrill

Location ID: 222793

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: 222793 Type: WELL API Number: 081-06153 Status: PR Insp. Status: PR

Producing Well

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? _____

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____ CA Date _____

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

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

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: No apparent soil migration; erosion or soil movement.

CA: _____

Pits: NO SURFACE INDICATION OF PIT