

**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:

673713622

Overall Inspection:

SATISFACTORY w/ CMT
or AR**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	204774	320746	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 19035Name of Operator: OVERLAND RESOURCES LLCAddress: SUITE C18 PMB 440City: GREENWOOD State: CO Zip: 80121

- ☐ 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
Pandolfo, Chris	(650) 387-6506	cpandolfo@gmail.com	
Behrens, Vic	(303) 810-6382	behrens@netecin.net	

Compliance Summary:QtrQtr: NWSE Sec: 16 Twp: 5S Range: 62W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/10/2015	673711232	PR	TA	SATISFACTORY			No
11/05/2014	673707737	SI	TA	ACTION REQUIRED			No
11/22/2011	664000155	PR	IO	SATISFACTORY	P		No
10/12/2007	200126202	PR	PR	SATISFACTORY			No
05/01/2001	903270	PR	PR	ACTION REQUIRED		Fail	Yes
02/09/1995	500134754	PR	PR				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
110599	PIT	CL	09/23/1999		-	STATE CRAIG 1-16	CL
114479	PIT	CL	09/23/1999		-	STATE CRAIG 2-16 & 4-16	CL
204774	WELL	PR	12/20/2015	GW	005-06859	STATE-CRAIG 1-16	SI

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
Access		No access road to well through wheat field.		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Emergency Contact Number (S/AR): _____ 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

Equipment:

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

Venting:

Yes/No	
Comment	

Flaring:

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

Predrill

Location ID: 204774

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/AR:** SATISFACTORY**Comment:** No problems seen.**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: 204774

Type: WELL

API Number: 005-06859

Status: PR

Insp. Status: SI

Idle WellPurpose: ☒ Shut In☐ Temporarily Abandoned

Reminder: _____

S/A/V: _____

CA Date: _____

CA: _____

Comment: SI since Apr 2016.

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Date: _____

Inspector Name: Sherman, Susan

Corrective Action: _____		
Reportable: _____	GPS: Lat _____	Long _____
Proximity to Surface Water: _____		Depth to Ground Water: _____
<u>Water Well:</u>		
DWR Receipt Num: _____	Owner Name: _____	GPS : _____
<u>Field Parameters:</u>		
Sample Location: _____		
Emission Control Burner (ECB): _____		
Comment: _____		
Pilot: _____	Wildlife Protection Devices (fired vessels): _____	
<u>Reclamation - Storm Water - Pit</u>		
<u>Interim Reclamation:</u>		
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		
<u>Cropland</u>		
Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
<u>Non-Cropland</u>		

Inspector Name: Sherman, Susan

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: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT