

**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:

08/18/2016

Document Number:

684902017

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	317545	317545	Pesicka, Conor	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10575Name of Operator: 8 NORTH LLCAddress: 370 17TH STREET SUITE 5300City: 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
,		COGCCInspections@extracti onog.com	All Inspections inc 8 North, 7 North, XPR

Compliance Summary:QtrQtr: SESE Sec: 33 Twp: 12N Range: 61W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
117954	PIT	CL	08/09/2010		-	PETERS 1	CL	<input type="checkbox"/>
239383	WELL	PR	04/16/2004	OW	123-07170	Peters 01	SI	<input checked="" type="checkbox"/>
294276	PIT	CL	10/02/2015		-	PETERS LEASE	CL	<input 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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	ACTION REQUIRED	Produced water tank is missing capacity, contents	Install sign to comply with rule 210.	10/18/2016
CONTAINERS	SATISFACTORY	propane, engine oil		

Inspector Name: Pesicka, Conor

WELLHEAD	ACTION REQUIRED	Sign is for prior operator.	Install sign to comply with rule 210.	10/18/2016
BATTERY	ACTION REQUIRED	Sign is for prior operator.	Install sign to comply with rule 210.	10/18/2016

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PUMP JACK	SATISFACTORY	agricultural		

Equipment:

Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment	containers - 1 propane, 2 engine oil		
Corrective Action			Date:
Type: Pump Jack	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Bird Protectors	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Vertical Heater Treater	# 1	Satisfactory/Action Required:	ACTION REQUIRED
Comment	stained soil around heater treater		
Corrective Action	Remove or remediate stained soil; Securely fasten all valves, pipes, and fittings to ensure good mechanical condition per Rule 605.d.		Date: 9/19/2016
Type: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	ajax		
Corrective Action			Date:

Tanks and Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	100 BBLS	PBV FIBERGLASS	40.958380,-104.203480
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	Shared with crude oil
---------	-----------------------

Tanks and Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	400 BBLS	STEEL AST	40.958380,-104.203480

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	Adequate

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

Comment	
---------	--

Tanks and Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	FIBERGLASS AST	40.958380,-104.203480

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	Shared with crude oil
---------	-----------------------

Venting:

Yes/No	NO
Comment	

Flaring:

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

Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 317545

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: 239383 Type: WELL API Number: 123-07170 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: PRODUCTION RECORDS

S/A/V: _____ CA Date: _____

CA: _____

Comment: SI

BradenHead

Comment: Bradenhead plumbed to surface

CA:

CA Date:

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): N _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): YES _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

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? _____

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? In _____ Production areas stabilized ? Pass _____

1003c. Compacted areas have been cross ripped? _____

Inspector Name: Pesicka, Conor

1003d. Drilling pit closed? Pass

Subsidence over on drill pit? Pass

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	Gravel	Pass			

S/A/V: SATISFACTORY Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

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

Inspector Name: Pesicka, Conor

Document Num	Description	URL
684902017	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3932492
684902018	Previous operator signage	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3932472
684902019	Stained soil at treater	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3932473
684902020	prod H2O tank with no contents, capacity label	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3932474