

**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:

08/17/2016

Document Number:

685301118

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	282169	320891	St John, William (Cal)	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 26625Name of Operator: ELM RIDGE EXPLORATION COMPANY LLCAddress: 12225 GREENVILLE AVE STE 950City: DALLAS State: TX Zip: 75243-

- ☐ 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
Archuleta, Amy		aarchuleta@elmridge.net	SW Inspection Reports
Weems, Mark		mark.weems@state.co.us	
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Lindeman, Terry	505-632-8048 EXT 210	tlindeman@elmridge.net	SW Inspection Reports

Compliance Summary:QtrQtr: NENE Sec: 3 Twp: 33N Range: 5W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/18/2015	674601985	SI	SI	SATISFACTORY	In Process		No
10/14/2014	674601074	PR	PR	ACTION REQUIRED	In Process		No
11/14/2008	200198783	CC	DG	SATISFACTORY			No

Inspector Comment:

This report contains corrective actions and comments. See Facility and Stormwater Sections of report for additional details.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
282169	WELL	SI	12/10/2014	GW	007-06220	TABOR 1	SI	<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 Motors: _____	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

Inspector Name: St John, William (Cal)

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:				
Type: Vertical Heated Separator	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Bird Protectors	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Flow Line	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Wellhead			
Corrective Action				Date:

Tanks and Berms:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	HEATED STEEL AST	,
S/AR	SATISFACTORY	Comment: _____		

Inspector Name: St John, William (Cal)

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					

Venting:	
Yes/No	NO
Comment	

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

Predrill

Location ID: 282169

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: 282169 Type: WELL API Number: 007-06220 Status: SI Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____

CA Date: 08/31/2016

CA: Contact SW Region Engineer for directives per Rule 326.b.

Comment: Production records indicate last reported production was July 2014. Well has been reported as SI since August 2014. No record of MIT in well file.

Environmental**Spills/Releases:**

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

Comment: _____

Inspector Name: St John, William (Cal)

Corrective Action: _____		Date: _____	
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): _____	
Reclamation - Storm Water - Pit			
<u>Interim Reclamation:</u>			
Date Interim Reclamation Started: _____		Date Interim Reclamation Completed: _____	
Land Use: _____			
Comment: _____			
1003a. Waste and Debris removed? _____			
CM _____		CA _____	
Unused or unneeded equipment onsite? _____		CA Date _____	
CM _____		CA _____	
CA _____		CA Date _____	
Pit, cellars, rat holes and other bores closed? _____			
CM _____		CA _____	
CA _____		CA Date _____	
Guy line anchors marked? _____			
CM _____		CA _____	
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: St John, William (Cal)

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
Ditches	Pass	Gravel	Pass			
Berms	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	
Gravel	Pass					
Waddles	Pass					
Compaction	Pass	Ditches	Pass			

S/A/V: SATISFACTORY Corrective Date: _____

Comment: Small rilling occuring on the cut slope.

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT