

**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:

08/22/2016

Document Number:

666802506

Overall Inspection:

**ACTION REQUIRED****FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 210507      | 322436 | Murray, Richard | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 53255Name of Operator: MARALEX RESOURCES, INCAddress: P O BOX 338City: IGNACIO State: CO Zip: 81137

- ☐ 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            |
|--------------|----------------|-------------------------|--------------------|
| Graves, Jim  | (970) 858-8550 | mrinc20@qwestoffice.net | Operations Manager |

**Compliance Summary:**QtrQtr: NWNE Sec: 20 Twp: 7S Range: 90W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/31/2016 | 666802208 | PR         | SI          | AR                            |          |                | No              |
| 06/27/2013 | 670200599 | PR         | SI          | ACTION REQUIRED               |          |                | No              |
| 05/30/2000 | 200007689 | ID         | TA          | ACTION REQUIRED               |          | Fail           | No              |
| 10/24/1996 | 500142078 | ID         | SI          |                               |          | Pass           | No              |

**Inspector Comment:**

Action required items noted on inspection document number 670200599 dated 06/27/2013 for remove unused equipment have not been satisfied.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name            | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------------|-------------|-------------------------------------|
| 210507      | WELL | PR     | 11/01/2007  | GW         | 045-06263 | BALDY CREEK-FEDERAL 2-20 | PR          | <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: Murray, Richard

|                      |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| <b>Signs/Marker:</b> |                              |         |                   |         |
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

|                           |                              |   |                     |            |
|---------------------------|------------------------------|---|---------------------|------------|
| <b>Good Housekeeping:</b> |                              |   |                     |            |
| Type                      | Satisfactory/Action Required | Comment   | Corrective Action   | CA Date    |
| UNUSED EQUIPMENT          | ACTION REQUIRED              | Unused ~500 bbl tank with insulation falling off and side hatch open. As noted on previous inspection | Remove unused tank. | 07/12/2013 |

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

|                                   |     |                               |              |       |
|-----------------------------------|-----|-------------------------------|--------------|-------|
| <b><u>Equipment:</u></b>          |     |                               |              |       |
| Type: Gas Meter Run               | # 2 | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |     |                               |              |       |
| Corrective Action                 |     |                               |              | Date: |
| Type: Horizontal Heated Separator | # 1 | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |     |                               |              |       |
| Corrective Action                 |     |                               |              | Date: |
| Type: Vertical Separator          | # 1 | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |     |                               |              |       |
| Corrective Action                 |     |                               |              | Date: |

|                 |    |
|-----------------|----|
| <b>Venting:</b> |    |
| Yes/No          | NO |
| Comment         |    |

|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| <b>Flaring:</b>    |  |                              |  |
| Type               |  | Satisfactory/Action Required |  |
| Comment:           |  |                              |  |
| Corrective Action: |  | Correct Action Date:         |  |

**Predrill**

Location ID: 210507

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: 210507 Type: WELL API Number: 045-06263 Status: PR Insp. Status: PR

**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: MIT test, 390psi start, Finish 380psi, 0psi loss last 5 minutes

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Comment: \_\_\_\_\_

Date: \_\_\_\_\_

Inspector Name: Murray, Richard

|  |  |  |
|--|--|--|
| Corrective Action: _____   |  |  |
| Reportable: _____  | GPS: Lat _____   | Long _____                                 |
| Proximity to Surface Water: _____  |  | Depth to Ground Water: _____               |
| <b><u>Water Well:</u></b>  |  |  |
| DWR Receipt Num: _____   | Owner Name: _____                                      | GPS : _____                                |
| <b><u>Field Parameters:</u></b>  |  |  |
| Sample Location: _____   |  |  |
| Emission Control Burner (ECB): N _____   |  |  |
| Comment: _____   |  |  |
| Pilot: _____   | Wildlife Protection Devices (fired vessels): YES _____ |  |
| <b><u>Reclamation - Storm Water - Pit</u></b>  |  |  |
| <b><u>Interim Reclamation:</u></b>   |  |  |
| 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? _____   |  |  |
| 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? _____  |  | 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: Murray, Richard

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Seeding          | Pass            |                         |                       |               |                          |         |
|                  |                 | Culverts                | Pass                  |               |                          |         |
| Ditches          | Pass            |                         |                       |               |                          |         |
|                  |                 | Gravel                  | Pass                  |               |                          |         |
|                  |                 | Ditches                 | 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/webblink/>) and search by document number:

| Document Num | Description         | URL   |
|--------------|---------------------|---|
| 666802506    | INSPECTION APPROVED | <a href="http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3935300">http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3935300</a> |