

**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:

08/30/2016

Document Number:

684902117

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	317520	317520	Pesicka, Conor	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 24320Name of Operator: DIAMOND OPERATING, INC.Address: 6666 GUNPARK DR STE #200City: BOULDER State: CO Zip: 80301☐ 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
PETERSON, DAVE	303-494-4420	davep@flatironenergy.com	PRESIDENT

Compliance Summary:QtrQtr: NWNE Sec: 9 Twp: 9N Range: 61W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
112239	PIT		09/23/1999		-	SCHEETZ		<input checked="" type="checkbox"/>
238828	WELL	PR	02/16/2000	OW	123-05702	ARTHUR SHEETZ 1	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

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	SATISFACTORY	corrosion inhibitor		
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY	proximity to tank battery		
TANK LABELS/PLACARDS	SATISFACTORY			

Inspector Name: Pesicka, Conor

Emergency Contact Number (S/AR): ACTION

Corrective Date: 09/30/2016

Comment: Old emergency #

Corrective Action: Install sign to comply with rule 210

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	cattle panel		
TANK BATTERY	SATISFACTORY	electric fence		
PIT	SATISFACTORY	electric fence		

Equipment:				
Type: Pump Jack	# 1	Satisfactory/Action Required:	ACTION REQUIRED	
Comment	stained soil at wellhead			
Corrective Action	Remove or remediate stained soil; Securely fasten all valves, pipes, and fittings to ensure good mechanical condition per Rule 605.d.			Date: 9/30/2016
Type: Veritcal Heater Treater	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	electric			
Corrective Action				Date:
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	pumps - 1 corrosion inhibitor			
Corrective Action				Date:
Type: Bird Protectors	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Tanks and Berms:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLs	STEEL AST	40.769860,-104.269530
S/AR	SATISFACTORY	Comment:		
Corrective Action:				Corrective Date:

Paint	
Condition	Adequate

Inspector Name: Pesicka, Conor

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	200 BBLS	FIBERGLASS AST	40.769680,-104.209950

S/AR	SATISFACTORY	Comment:	skim
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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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: 317520

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: 112239 Type: PIT API Number: - Status: _____ Insp. Status: _____

Facility ID: 238828 Type: WELL API Number: 123-05702 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to surface

CA: _____

CA Date: _____

Environmental**Spills/Releases:**

Inspector Name: Pesicka, Conor

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): <u>N</u>
Comment: _____
Pilot: _____ Wildlife Protection Devices (fired vessels): <u>YES</u>

Reclamation - Storm Water - Pit

Interim Reclamation:	
Date Interim Reclamation Started: _____	Date Interim Reclamation Completed: _____
Land Use: _____	
Comment: _____	
1003a. Waste and Debris removed? <u>Pass</u>	
CM _____	CA _____
Unused or unneeded equipment onsite? <u>Pass</u>	
CM _____	CA _____
Pit, cellars, rat holes and other bores closed? <u>Pass</u>	
CM _____	CA _____
Guy line anchors marked? <u>Pass</u>	
CM _____	CA _____
1003b. Area no longer in use? <u>In</u> Production areas stabilized ? <u>Pass</u>	
1003c. Compacted areas have been cross ripped? _____	
1003d. Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u>	
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>	

Inspector Name: Pesicka, Conor

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: **ACTION REQUIRED**

Corrective Date: **09/30/2016**

Comment: **Stormwater runoff on N side of pit**

CA: **Install or repair required BMPs per Rule 1002.f. Refer to the 1002.f guidance document for further details.**

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type: Produced Water	Lined:	Pit ID: 112239	Lat: 40.769063	Long: -104.208607
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Liner Type: _____ Liner Condition: _____

Comment:

Fencing Type: Livestock Fencing Condition: Adequate

Comment: electric fence

Netting Type: Netting Condition:

Comment:

Anchor Trench Present: Oil Accumulation: NO 2+ feet Freeboard:

Pit (S/A/V):	ACTION	Comment: NE corner of pit is compromised with stormwater runoff
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Corrective Action: Lower fluid level so at least two feet of freeboard exists per Rule 902.b. Date: 08/31/2016

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

Document Num	Description	URL
684902118	Stormwater runoff at ne pit corner, lowered berms	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3940734
684902119	Stained soil at wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3940735
684902120	Stormwater runoff	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3940736