

**FORM
INSP**Rev
X/15**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:

11/17/2016

Submitted Date:

11/17/2016

Document Number:

672500180**FIELD INSPECTION FORM**
 Loc ID 439459 Inspector Name: Gomez, Jason On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 10611Name of Operator: LONGS PEAK RESOURCES LLCAddress: 2323 S SHEPHERD SUITE 1150City: HOUSTON State: TX Zip: 77019**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:1 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
GEISER, EDWARD		egeiser@juncap.com	
PETERS, KRIS		kpeters@juncap.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
439455	WELL	XX	09/16/2016	LO	123-40438	Motu East 28-21-16-1CH	DG

General Comment:

LocationOverall Good: ☐

Emergency Contact Number:

Comment: Corrective Action: Date: Overall Good: ☐**Spills:**

Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type	Field Flare	
Comment:	NOT IN USE DURING INSPECTION	
Corrective Action:		Date:

Location Construction

Location ID: 439455 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: _____

Corrective Action: _____

Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____

Date: _____

Comment: _____

Corrective
Action: _____

Date: _____

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:

Inspected FacilitiesFacility ID: 439455 Type: WELL API Number: 123-40438 Status: XX Insp. Status: DG**Well Drilling**

Rig: Rig Name: PRECISION 595 Pusher/Rig Manager: DAVE AULT
Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: YES
Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: YES Disposal Location: WASTE MANAGEMENT

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Ditches	Pass			Material Handling And Spill Prevention	Pass	
Berms	Pass	Gravel	Pass	Covering Materials	Pass	
Gravel	Pass					

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT