

Inspected Facilities

Facility ID: 296447 Type: WELL API Number: 067-09576 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Facility ID: 296790 Type: WELL API Number: 067-09584 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Facility ID: 296791 Type: WELL API Number: 067-09585 Status: PR Insp. Status: WK

Workover

Comment: Key Energy Workover Rig #6139 on well.

Corrective Action:

Date: _____

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: _____

Comment: Location partially snow covered at time of inspection.

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment

Corrective Action Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment

Corrective Action Date _____

1002c. PROTECTION OF SOILS _____

Comment

Corrective Action Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment

Corrective Action Date _____

1003a. Waste and Debris removed? Pass

Comment

Corrective Action Date _____

Unused or unneeded equipment onsite? Pass

Comment

Corrective Action Date _____

Pit, cellars, rat holes and other bores closed? Pass

Comment

Corrective Action Date _____

Guy line anchors marked? _____

Comment

Corrective Action 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

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment

Corrective Action

Date _____

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 _____

1004.d. FINAL VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

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

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Optical Gas Imaging Survey

Survey Type: Routine

Current Operations: Production Workover Flowback Referred to APCD

GPS(entrance of location): Lat: 37.106570 Long: -107.376730

Wind: Calm Speed: _____ (mph) Direction From: _____ Weather: Clear Temperature: 38 (F)

Assisting Staff: _____ Camera #: _____

Visible Smoke Referred to CDPHE

Times Surveyed

Equipment Surveyed

Time Survey Start	AM/PM	Time Survey End	AM/PM
11:53	AM	12:07	PM

Equipment
Wellhead(s)
Temporary Tank(s)
Separation Equipment
Water Tank(s)

Comment: Nothing noted at time of inspection.

Corrective Action: _____

Date: _____