

**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:

06/13/2017

Submitted Date:

06/14/2017

Document Number:

680401664

FIELD INSPECTION FORM

Loc ID 321999 Inspector Name: BROWNING, CHUCK On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 10515
Name of Operator: GUNNISON ENERGY LLC
Address: 1801 BROADWAY #1200
City: DENVER State: CO Zip: 80202

Findings:

8 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
McWilliams, Dan		dan.mcwilliams@oxbow.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
272542	WELL	SI	09/01/2005	GW	029-06087	SPAULDING PEAK 1294 23-33	TA

General Comment:

[2017 Flowline NTO Inspection Statewide](#)

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:

Overall Good:

Signs/Marker:			
Type	BATTERY		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>		Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Hogwire		
Corrective Action:			Date:

Equipment:			corrective date
Type: Flow Line	#		
Comment:	Wellhead flowline riser removed.		
Corrective Action:			Date:
Type: Gas Meter Run	# 2		
Comment:	Disconnected. Risers removed. Flowlines abandoned.		
Corrective Action:			Date:

Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 2		
Comment:	Seprators in metal housing. Disconnected. Risers marked for abandonment.		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Radio tower		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 272542 Type: WELL API Number: 029-06087 Status: SI Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

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
Gravel	Pass	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT