

**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      Inspector Name:      On-Site Inspection ☐  
 321999      BROWNING, CHUCK      2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10515Name of Operator: GUNNISON ENERGY LLCAddress: 1801 BROADWAY #1200City: DENVER      State: CO      Zip: 80202**Status Summary:**

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

**Findings:**8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

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

**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<br>23-33 | TA          |

**General Comment:**2017 Flowline NTO Inspection Statewide

**Location**

|                    |        |       |  |
|--------------------|--------|-------|--|
| <b>Lease Road:</b> |        |       |  |
| Type               | Access |       |  |
| comment:           |        |       |  |
| Corrective Action  | L      | Date: |  |
| Type               | Main   |       |  |
| comment:           |        |       |  |
| Corrective Action  | L      | Date: |  |

Overall Good: ☒

|                      |          |       |  |
|----------------------|----------|-------|--|
| <b>Signs/Marker:</b> |          |       |  |
| Type                 | WELLHEAD |       |  |
| Comment:             |          |       |  |
| Corrective Action:   |          | Date: |  |
| Type                 | BATTERY  |       |  |
| Comment:             |          |       |  |
| Corrective Action:   |          | Date: |  |

|                           |                      |  |                            |
|---------------------------|----------------------|--|----------------------------|
| Emergency Contact Number: |                      |  |                            |
| Comment:                  | <input type="text"/> |  |                            |
| Corrective Action:        | <input type="text"/> |  | Date: <input type="text"/> |

Overall Good: ☒

|                |      |        |  |
|----------------|------|--------|--|
| <b>Spills:</b> |      |        |  |
| Type           | Area | Volume |  |

In Containment: No

Comment: ☐ Multiple Spills and Releases?

|                    |          |       |  |
|--------------------|----------|-------|--|
| <b>Fencing/:</b>   |          |       |  |
| Type               | LOCATION |       |  |
| Comment:           |          |       |  |
| Corrective Action: |          | Date: |  |
| Type               | WELLHEAD |       |  |
| Comment:           | Hogwire  |       |  |
| Corrective Action: |          | Date: |  |

|                          |  |       |                 |
|--------------------------|--|-------|-----------------|
| <b>Equipment:</b>        |  |       | corrective 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: |  |
| Type: Flow Line                   | #  |       |  |
| Comment:                          | Wellhead flowline riser removed.   |       |  |
| 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: <input type="checkbox"/> Shut In <input checked="" type="checkbox"/> Temporarily Abandoned |        |       |      |             |           |         |    |               |    |
| Reminder: _____   |        |       |      |             |           |         |    |               |    |
| Comment: <input type="text" value="Last MIT 7/7/2016."/>  |        |       |      |             |           |         |    |               |    |
| Corrective Action: <input type="text"/> 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**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description          | URL   |
|--------------|----------------------|---|
| 401309320    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4171133">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4171133</a> |