

**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:

11/16/2017

Submitted Date:

11/16/2017

Document Number:

679903468**FIELD INSPECTION FORM**

Loc ID 321780 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 51065Name of Operator: LOEB LLC* HERMAN LAddress: P O BOX 838City: LAWRENCEVILLE State: IL Zip: 62439**Status Summary:**

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

Findings:9 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|---------------|--------------|-------------------|---------|
| Pelton, Shane | 620-617-5870 | shane@loeboil.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 207988 | WELL | SI | 10/10/2012 | OW | 017-06923 | FUNK TRUST 42-13 2 | TA |

General Comment:

[Routine Inspection. Submit Form 4 to show current status TA](#)

Location

| | | | |
|--------------------|-------------------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Dirt road through farm ground | | |
| Corrective Action | | Date: | |

Overall Good: ☒

| | | | |
|----------------------|----------------------------|-------|--|
| Signs/Marker: | | | |
| Type | BATTERY | | |
| Comment: | Lease sign at tank battery | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Lease sign by wellhead | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Stickers on tanks | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|-------------------------------|---------------------------------------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Pump Jack | # 0 | | |
| Comment: | Removed from location | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 2 | | |
| Comment: | Electric panel and cathodic rectifier | | |
| Corrective Action: | | Date: | |
| Type: Compressor | # 0 | | |
| Comment: | Removed from location | | |
| Corrective Action: | | Date: | |
| Type: Vertical Heater Treater | # 1 | | |

| | | | |
|--------------------|--|-------|--|
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | | |
|--------------------|---|----------|-----------|---------|-----------------------|-------|
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| CRUDE OIL | 2 | 400 BBLs | STEEL AST | | 38.666650,-102.069720 | |
| Comment: | | | | | | |
| Corrective Action: | | | | | | Date: |

Paint

| | | | | | |
|------------------|--|--|--|--|--|
| Condition | | | | | |
| Other (Content) | | | | | |
| Other (Capacity) | | | | | |
| Other (Type) | | | | | |

Berms

| | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|-------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Venting:

| | | | |
|--------------------|--|-------|--|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

| Inspected Facilities | | | | | | | | | |
|---|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 207988 | Type: | WELL | API Number: | 017-06923 | Status: | SI | Insp. Status: | TA |
| Idle Well | | | | | | | | | |
| Purpose: <input type="checkbox"/> Shut In <input checked="" type="checkbox"/> Temporarily Abandoned | | | | | | | | | |
| Reminder: _____ | | | | | | | | | |
| Comment: Well is TA at time of inspection. Passing MIT performed 2/27/14 | | | | | | | | | |
| 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 | Compaction | Pass | | | |

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT