

**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:

05/01/2018

Submitted Date:

05/03/2018

Document Number:

685304645**FIELD INSPECTION FORM**Loc ID 320919 Inspector Name: St John, William (Cal) On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 69805Name of Operator: PETROX RESOURCES INCAddress: P O BOX 2600City: MEEKER State: CO Zip: 81641**Status Summary:**

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

Findings:22 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Nystrom, Dusty	505-330-1328	nystrow@yahoo.com	All Inspections
Clark, Mike	970-878-5594	mike.petroxcbm@gmail.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
298977	WELL	DG	03/26/2018	OG	007-06269	TIERRA PIEDRA 33-5 15-1 R	DG
423717	WELL	IJ	06/16/2015	DSPW	007-06307	TIERRA PIEDRA 33-5 (EPA) 15-1 SWD	IJ

General Comment:[Inspection completed as routine drilling inspection.](#)[Inspection of Tierra Piedra 33-5 \(EPA\) 15 well is surface equipment and location inspection only.](#)[This inspection does not alleviate requirement to complete any open corrective actions from previous inspections.](#)[See link at end of report for path to downloadable pictures.](#)

Location

Lease Road:			
Type	Access		
comment:	Dirt and gravel access road.		
Corrective Action		Date:	

Overall Good: ☐

Signs/Marker:			
Type	WELLHEAD		
Comment:	Framed metal sign.		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Labels on containers.		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Labels on tanks.		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Operator contact nformation posted on wellhead sign.

Corrective Action:

Date: _____

Overall Good: ☐

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	Post and wire fencing.		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		
Comment:	Telemetry equipment.		
Corrective Action:		Date:	
Type: Other	# 2		
Comment:	Water can and valve set.		
Corrective Action:		Date:	

Type: Deadman # & Marked	# 7		
Comment:			
Corrective Action:			Date:
Type: Vertical Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Other	# 2		
Comment:	Wellhead shed.		
Corrective Action:			Date:
Type: Other	# 4		
Comment:	Chemical tanks and pumps on spill prevention.		
Corrective Action:			Date:
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Other	# 1		
Comment:	Electrical service equipment.		
Corrective Action:			Date:
Type: Ancillary equipment	# 2		
Comment:			
Corrective Action:			Date:
Type: Other	# 1		
Comment:	Steel building for injection pump.		
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	500 BBLS	STEEL AST		,
Comment:	Temporary flow back tank.				
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:	Earthen berms with lined containment.				
Corrective Action:					
Contents	#	Capacity	Type	Tank ID	SE GPS

PRODUCED WATER	3	400 BBLs	STEEL AST		,	
Comment:						
Corrective Action:						Date:
Paint						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:						Date:
Venting:						
Yes/No	NO					
Comment:						
Corrective Action:						Date:
Flaring:						
Type						
Comment:						
Corrective Action:						Date:

Inspected FacilitiesFacility ID: 298977 Type: WELL API Number: 007-06269 Status: DG Insp. Status: DG**Well Drilling**

Rig: Rig Name: Hurricane Well Pusher/Rig Manager: Nystrom
 Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: YES Blind Ram: Hydri Type:
 Pressure Test BOP: Test Pressure PSI: Safety Plan: YES

Drill Fluids**Management:**

Lined Pit: Unlined Pit: Closed Loop: Semi-Closed Loop:
 Multi-Well: Disposal Location:

Comment: Location completely bermed. Drilling rig off location. Swabbing rig on well and working well to clean up coal fine. BOP installed on wellhead. Flowback tank setup in lined and bermed containment. Located fire extinguishers on location current and available for use. Equipment is parked on liner and appropriate pads and pans in place to catch leaks.

Corrective Action: Date:

Facility ID: 423717 Type: WELL API Number: 007-06307 Status: IJ Insp. Status: IJ**Underground Injection Control**

UIC Violation: Maximum Injection Pressure:

UIC Routine

Inj./Tube: Pressure or inches of Hg Previous Test Pressure MPP
 (e.g. 30 psig or -30" Hg) Inj Zone:
 TC: Pressure or inches of Hg Previous Test Pressure Last MIT:
 Brhd: Pressure or inches of Hg Previous Test Pressure AnnMTReq:

Comment: Surface equipment only.

Corrective Action: Date:

Method of Injection:

Test Type: Tbg psi: Csg psi: BH psi:

Insp. Status:

Comment:

Corrective Action: Date:

Reclamation - Storm Water - Pit**Interim Reclamation:**

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

Land Use: DRY LAND, OTHER

Comment: Revegetation of nterim reclamation area is progressing with planted trees and mixed grasses.**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 DISTRURBANCE 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? Pass

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 REVEGETATIONCropland

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: DRY LAND, OTHER _____

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	Gravel	Pass			
Gravel	Pass					
Berms	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	Chemical tanks and pumps on spill prevention.

Comment: [Stormwater BMPs appear to be functioning at time of inspection.](#)

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
685304657	Inspection pictures.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4453398