

**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:

12/19/2018

Submitted Date:

12/20/2018

Document Number:

680304326**FIELD INSPECTION FORM**
 Loc ID 316899 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num:                     
**Operator Information:**OGCC Operator Number: 10704Name of Operator: FORTIGEN RESOURCES LLCAddress: 1165 DELAWARE STREET #160City: DENVER State: CO Zip: 80204**Status Summary:**

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

**Findings:**7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM  
PREVIOUS INSPECTIONS THAT HAVE NOT  
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
,	(303) 748-3732 (402) 997-7537	wf.hayworth@gmail.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
300788	WELL	SI	04/01/2018	GW	115-06072	FULSCHER 943-15-23	SI

**General Comment:**

Follow-up FIR Doc#680001651 - CA's have been performed - SATISFACTORY

**Location****Lease Road:**

Type	Access		
comment:	AG land trail		
Corrective Action	L	Date:	

Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment:	Satisfactory		
Corrective Action:		Date:	

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

Type: Other	# 0		corrective date
Comment:	No change in equipment inventoried		
Corrective Action:		Date:	

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	300788	Type:	WELL	API Number:	115-06072	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____									
Comment: <input type="text" value="Change of Operator"/>									
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	In Process	Other	In Process			

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT