

**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:

680304338

**FIELD INSPECTION FORM**

Loc ID 314037 Inspector Name: SCHURE, KYM 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: 10704  
Name of Operator: FORTIGEN RESOURCES LLC  
Address: 1165 DELAWARE STREET #160  
City: DENVER State: CO Zip: 80204

**Findings:**

6 Number of Comments  
0 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<br>(402) 997-7537 | wf.hayworth@gmail.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 290986      | WELL | SI     | 07/01/2017  | GW         | 095-06126 | LEBSACK 943-21-42 | SI          |

**General Comment:**

[Routine Site Inspection - SATISFACTORY](#)

**Location**

|                    |                         |       |  |
|--------------------|-------------------------|-------|--|
| <b>Lease Road:</b> |                         |       |  |
| Type               | Access                  |       |  |
| comment:           | AG land trail - dryland |       |  |
| Corrective ActionL |                         | Date: |  |

Overall Good:

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

|                                  |              |       |  |
|----------------------------------|--------------|-------|--|
| <b>Emergency Contact Number:</b> |              |       |  |
| Comment:                         | Satisfactory |       |  |
| Corrective Action:               |              | Date: |  |

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

|                          |     |       |  |                 |
|--------------------------|-----|-------|--|-----------------|
| <b>Equipment:</b>        |     |       |  | corrective date |
| Type: Gas Meter Run      | # 1 |       |  |                 |
| Comment:                 |     |       |  |                 |
| Corrective Action:       |     | Date: |  |                 |
| Type: Pump Jack          | # 1 |       |  |                 |
| Comment:                 |     |       |  |                 |
| Corrective Action:       |     | Date: |  |                 |
| Type: Vertical Separator | # 1 |       |  |                 |
| Comment:                 |     |       |  |                 |
| Corrective Action:       |     | Date: |  |                 |

|                    |  |       |  |
|--------------------|--|-------|--|
| <b>Venting:</b>    |  |       |  |
| Yes/No             |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

|                    |  |       |  |
|--------------------|--|-------|--|
| <b>Flaring:</b>    |  |       |  |
| Type               |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Inspected Facilities**

Facility ID: 290986 Type: WELL API Number: 095-06126 Status: SI Insp. Status: SI

**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           | In Process      | Other                   | In Process            |               |                          |         |

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT