

FORM
INSPRev
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:

02/11/2019

Submitted Date:

02/16/2019

Document Number:

688303785**FIELD INSPECTION FORM**

Loc ID _____ Inspector Name: _____ On-Site Inspection
317080 _____ Sherman, Susan _____ 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10690
Name of Operator: IMPETRO RESOURCES LLC
Address: 2820 LOGAN DRIVE
City: LOVELAND State: CO Zip: 80538

Status Summary:

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

Findings:

7 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 |
|--------------|--------------|----------------------------|-----------------|
| Bradley, Sam | 970-593-8626 | sbradley.impetro@gmail.com | Principal Agent |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 235967 | WELL | PR | 08/01/2018 | OW | 121-08457 | SNYDER 3 | PR |

General Comment:

Routine Inspection.

Location

Overall Good:

Signs/Marker:

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

| Type | # | Comment | Corrective Action | Date | corrective date |
|--------------------|-----|-----------------------------------|-------------------|------|-----------------|
| Deadman # & Marked | # 1 | | | | |
| | | | | | |
| Pump Jack | # 1 | | | | |
| | | chemical container, gear box leak | | | |
| | | | | | |
| Prime Mover | # 1 | | | | |
| | | electric motor | | | |
| | | | | | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|---------------------|---------|--------|
| | | | CENTRALIZED BATTERY | | , |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | |
|------------------|----------------------|
| Condition | <input type="text"/> |
| Other (Content) | <input type="text"/> |
| Other (Capacity) | <input type="text"/> |
| Other (Type) | <input type="text"/> |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
|--------------------|----------|---------------------|---------------------|-------------|--|
| | | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |

Venting:

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

Flaring:

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

Location Construction

Location ID: 235967 CDP: _____

Comment:

Corrective Action: Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action: Date: _____

Wildlife BMPs:

Comment:

Corrective Action: Date: _____

Comment:

Corrective Action: Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities

Facility ID: 235967 Type: WELL API Number: 121-08457 Status: PR Insp. Status: PR

Producing Well

Comment: [PR. Nov 2018 production last reported to COGCC database.](#)

Corrective Action:

Date:

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|------------------|---|
| 688303836 | Impetro Synder 3 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4737226 |