

**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:

02/13/2019

Submitted Date:

02/18/2019

Document Number:

688303798**FIELD INSPECTION FORM**Loc ID _____ Inspector Name: _____ On-Site Inspection ☐
316945 _____ Sherman, Susan _____ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10702Name of Operator: VALKYRIE RESOURCES LLCAddress: 1385 S MARION STREETCity: DENVER State: CO Zip: 80210**Status Summary:**

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

Findings:6 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 |
|-------------------|--------------|-------------------------------------|-----------------|
| Whittington, John | 720-580-8080 | jwhittington@valkyrie-Resources.com | Principal Agent |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|
| 233378 | WELL | PR | 08/01/2017 | OW | 121-05414 | JONES-DUPREE 3 | PR |

General Comment:

Routine Inspection

New operators shall update signs within sixty (60) days after change of operator approval is received from the Commission (1/18/2019 approval date).

LocationOverall 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: Submersible Pump | # 1 | | corrective date |
| Comment: | 100 psi on tubing | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

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

Paint

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

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: 233378 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: | 233378 | Type: | WELL | API Number: | 121-05414 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | PR. Sep 2018 production last reported to COGCC database. Update Form's to COGCC database. | | | | | | | | |
| 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

Comment: 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 |
|--------------|-------------------------|---|
| 688303891 | Valkyrie Jones-Dupree 3 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4737837 |