

**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:

05/10/2019

Submitted Date:

05/21/2019

Document Number:

689802711

FIELD INSPECTION FORM

Loc ID 312937 Inspector Name: Waldron, Emily 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: 10407
Name of Operator: ANTLER ENERGY LLC
Address: PO BOX 104
City: BAGGS State: WY Zip: 82321

Findings:

- 4 Number of Comments
- 1 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
		dnr_cogccengineering@state.co.us	
Evans, Clay		antlerenergy@yahoo.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
222935	WELL	PR	08/01/2015	GW	081-06297	USA-JOYCE WOLF 2	SI

General Comment:

[COGCC Inspection Report 689802711 Summary](#)
On Friday 05/10/2019 at approximately 13:00, I, Inspector Emily Waldron, conducted a field inspection at Antler Energy LLC USA-Joyce Wolf 2, at 05-081-06297 in Moffat County, Colorado.
While there, I observed a Shut-in Location.
During this inspection the following possible compliance issues were observed:
Produced volumes are required to be reported accurately from the wellhead meter every month, and the form 7 reporting does not reflect that accurate measurement. Submit required Form 7(s) to COGCC per rule 309 by 6/21/2019.
This is a summary of inspection report 689802711.

Location

Overall Good:

Signs/Marker:

Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
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	#		corrective date
Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Bird Protectors	#		
Comment:			
Corrective Action:		Date:	
Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS

CRUDE OIL	1	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	
Earth	Adequate			Adequate	
Comment:					
Corrective Action:					Date:
Venting:					
Yes/No	NO				
Comment:					
Corrective Action:					Date:
Flaring:					
Type					
Comment:					
Corrective Action:					Date:

Inspected Facilities

Facility ID: 222935 Type: WELL API Number: 081-06297 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Produced volumes are required to be reported accurately from the wellhead meter every month, and the form 7 reporting does not reflect that accurate measurement.

Corrective Action: Submit required Form 7(s) to COGCC per rule 309.

Date: 06/21/2019

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
689802712	Inspection Photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4829153