

**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:

06/21/2019

Submitted Date:

06/21/2019

Document Number:

687904955**FIELD INSPECTION FORM**

Loc ID Inspector Name: On-Site Inspection ☐
 325536 Stewart, Joseph 2A Doc Num: _____

Operator Information:OGCC Operator Number: 34725Name of Operator: GOSNEY & SONS INCAddress: P O BOX 367City: BAYFIELD State: CO Zip: 81122**Status Summary:**

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

Findings:8 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
Labowskie, Steve		steve.labowskie@state.co.us	
Barnett, Matt		mattb@gosneyco.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
214965	WELL	PR	12/03/2012	GW	067-06570	GOSNEY 1	PR

General Comment:

[Site inspection with photos at the end of this report.](#)

LocationOverall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	Sign posted on separator.		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	Contact information posted on sign.	
Corrective Action:		Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

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

Type: Flow Line	# 3		corrective date
Comment:	1-3" flowline from wellhead to separator. 1-2" flowline from separator dump valve to offsite produced water gathering system. 1-3" flowline from separator to offsite dogleg.		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:	On separator stack.		
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Plumbed to surface.		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Wellhead.		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
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Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities				
Facility ID: 214965	Type: WELL	API Number: 067-06570	Status: PR	Insp. Status: PR
Producing Well				
Comment:	Producing.			
Corrective Action:				Date:

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Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Gravel	Pass			
Gravel	Pass					
Berms	Pass	Compaction	Pass			

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
687904956	Location	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4858022