

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:

04/20/2020

Submitted Date:

04/20/2020

Document Number:

695102714

FIELD INSPECTION FORM

Loc ID 308671 Inspector Name: Beardslee, Tom On-Site Inspection 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10672
Name of Operator: TIMBER CREEK OPERATING LLC
Address: 6295 GREENWOOD PLAZA BLVD #100
City: GREENWOOD State: CO Zip: 8111-

Status Summary:

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

Findings:

- 10 Number of Comments
4 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 |
|--------------------|---------------------------|----------------------------------|-----------------|
| Mack, Ronald | | ronaldmack@tcenergyllc.com | All Inspections |
| Fitzgerald, Edie | 719-859-1394 | ediefitzgerald@tcenergyllc.com | |
| Santistevan, Vince | 719-845-2102/719-680-9705 | vincasantistevan@tcenergyllc.com | All Inspections |
| Pesicka, Conor | | conor.pesicka@state.co.us | |
| Duran, Alicia | | alicia.duran@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 278290 | WELL | PR | 11/19/2018 | GW | 071-08425 | GOLDEN EAGLE 21-4 | PR |

General Comment:

Location

Overall Good:

| | | | |
|----------------------|--|--|------------------|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | PHOTO 2: WELL SIGN/ POSTED SIGN NOT LEGIBLE. | | |
| Corrective Action: | COMPLY WITH RULE 210.b. CA DATE 6-20-20. | | Date: 06/20/2020 |

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Good Housekeeping:

| | | | |
|--------------------|--|--|------------------|
| Type | OTHER | | |
| Comment: | PHOTO 3: APPEARS TO BE FRAC SAND ON LOCATION. PHOTO 4: APPEARS TO BE FRAC SAND ON LOCATION. | | |
| Corrective Action: | Immediately comply with material handling and guidance per MSDS or product data sheet. Submit document, procedures, and waste disposal manifest to COGCC field inspector. Notify area EPS within 24-hrs and report to other agencies as appropriate. | | Date: 04/30/2020 |

| | | | |
|--------------------|--|--|------------------|
| Type | OTHER | | |
| Comment: | PHOTO 5: AREA OF IMPACTED SOIL AROUND COMPRESSOR SKID. PHOTO 6: AREA OF IMPACTED SOIL AROUND COMPRESSOR SKID. PHOTO 7: AREA OF IMPACTED SOIL AROUND COMPRESSOR SKID. PHOTO 8: AREA OF IMPACTED SOIL AROUND ENGINE SKID. PHOTO 7: AREA OF IMPACTED SOIL NEAR WELLHEAD APPEARS TO BE FROM HYDRAULIC HOSED. PHOTO 8: AREA OF IMPACTED SOIL NEAR HYRDAULIC HOSED BETWEEN ENGINE SKID AND WELLHEAD. | | |
| Corrective Action: | Conduct maintenance on equipment, cleanup stained material and review self inspection processes. | | Date: 04/25/2020 |

| | | | |
|--------------------|--|--|------------------|
| Type | UNUSED EQUIPMENT | | |
| Comment: | PHOTO 10: TWO 1" UNUSED RISERS NEAR COMPRESSOR SKID. | | |
| Corrective Action: | COMPLY WITH RULE 603.f. | | Date: 05/20/2020 |

Overall Good:

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

Multiple Spills and Releases?

| | | | |
|--------------------------|--|--|-----------------|
| Equipment: | | | corrective date |
| Type: Bradenhead | # 1 | | |
| Comment: | IS PLUMBED TO SURFACE | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 1 | | |
| Comment: | GAS METER CALIBRATION REPORT NOT AVAILABLE ON LOCATION | | |
| Corrective Action: | | | Date: |
| Type: Progressive Cavity | # 1 | | |

| | | | |
|---------------------------|-----------------------------|--|-------|
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | TELEMETRY EQUIPMENT | | |
| Corrective Action: | | | Date: |
| Type: Vertical Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Flow Line | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Prime Mover | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Compressor | # 1 | | |
| Comment: | FORM 4 SUNDRY IS ON RECORD. | | |
| Corrective Action: | | | Date: |

Venting:

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

Flaring:

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

Inspected Facilities

Facility ID: 278290 Type: WELL API Number: 071-08425 Status: PR Insp. Status: PR

Producing Well

| | | | |
|--------------------|--|-------|--|
| Comment: | | | |
| 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 |
|--------------|-------------------|---|
| 695102715 | INSPECTION PHOTOS | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5127845 |