

**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:

09/11/2020

Submitted Date:

09/16/2020

Document Number:

695103275

FIELD INSPECTION FORM

Loc ID 309492 Inspector Name: Beardslee, Tom 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: 10672
Name of Operator: TIMBER CREEK OPERATING LLC
Address: 6295 GREENWOOD PLAZA BLVD #100
City: GREENWOOD State: CO Zip: 8111-

Findings:

- 6 Number of Comments
- 3 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 |
|--------------------|---------------------------|----------------------------------|---------------------------------|
| Santistevan, Vince | 719-845-2102/719-680-9705 | vincesantistevan@tcenergyllc.com | All Inspections |
| Kosola, Jason | | jason.kosola@state.co.us | |
| Fitzgerald, Edie | 719-859-1394 | ediefitzgerald@tcenergyllc.com | |
| Mack, Ronald | | ronaldmack@tcenergyllc.com | All Inspections |
| Kosola, Jason | | jason.kosola@state.co.us | |
| Labowskie, Steve | | steve.labowskie@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|
| 296156 | WELL | PR | 09/11/2008 | GW | 071-09604 | NEW ELK 25-10-2 | PR |

General Comment:

Location

Overall Good:

Signs/Marker:

| | | |
|--|--------------------|--|
| | Type | WELLHEAD |
| | Comment: | PHOTO 2: WELL SIGN/ SIGN IS FADED AND PEELING OF IN SPOTS. |
| | Corrective Action: | POST SIGN IN COMPLIANCE WITH RULE 210.b. |
| | Date: | 10/11/2020 |

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

| Type | Area | Volume | | | |
|------|------|--------|--|--|--|
| | | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

| | | # | | | corrective date |
|--------------------------|--------------------|-----|---|--|------------------|
| Type: Prime Mover | | # 1 | | | |
| | Comment: | | | | |
| | Corrective Action: | | | | Date: |
| Type: Compressor | | # 1 | | | |
| | Comment: | | | | |
| | Corrective Action: | | | | Date: |
| Type: Bradenhead | | # 1 | | | |
| | Comment: | | IS PLUMBED TO SURFACE | | |
| | Corrective Action: | | | | Date: |
| Type: Progressive Cavity | | # 1 | | | |
| | Comment: | | | | |
| | Corrective Action: | | | | Date: |
| Type: Gas Meter Run | | # 1 | | | |
| | Comment: | | PHOTO 3: CALIBRATION REPORT INDICATES THAT THE GAS METER HAS NOT BEEN CALIBRATED WITHIN THE LAST YEAR. | | |
| | Corrective Action: | | PROVIDE AREA FIELD INSPECTOR (@ tombeardslee@state.co.us) A COPY OF THE GAS METER CALIBRATION RECORD OR KEEP A COPY OF LAST CALIBRATION RECORD ON LOCATION. | | Date: 10/11/2020 |
| Type: Vertical Separator | | # 1 | | | |
| | Comment: | | | | |
| | Corrective Action: | | | | Date: |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|----------------|---|----------|-----------|---------|-----------------------|
| PRODUCED WATER | 1 | <50 BBLS | STEEL AST | | 37.141213,-104.945926 |

| | | |
|--------------------|---|------------------|
| Comment: | PHOTO 5:. THERE IS OIL IN TANK | |
| Corrective Action: | Pursuant to Rule 907A. Operator shall properly identify and dispose of non-E&P. Wastes in accordance with state and federal regulations, including storing, treating, and disposing of hazardous waste in accordance with 6 C.C.R. 1007-3. All non-hazardous/non-E&P wastes are considered solid waste which require storage, treatment, and disposal in accordance with 6 C.C.R. 1007-2. Rule 907.b.(2) - provide all transportation and disposal documentation required by Rule 907.b.(2) | Date: 12/15/2020 |

Paint

| | | |
|------------------|------------|--|
| Condition | Inadequate | |
| Other (Content) | | |
| Other (Capacity) | 30BBL | |
| Other (Type) | | |

Berms

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

Venting:

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

Flaring:

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

Inspected Facilities

Facility ID: 296156 Type: WELL API Number: 071-09604 Status: PR Insp. Status: PR

Producing Well

Comment:

Corrective Action:

Date: