

**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:

09/22/2020

Submitted Date:

10/03/2020

Document Number:

688308578**FIELD INSPECTION FORM**Loc ID 434033 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 96340Name of Operator: WIEPKING-FULLERTON ENERGY LLCAddress: 106 GLENMOOR LNCity: ENGLEWOOD State: CO Zip: 80113**Status Summary:**

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

Findings:10 Number of Comments1 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
Halde, Kerry	(719) 340-0329	haldeoil@hotmail.com	All Inspections
Freese, Steve		steve.freese@state.co.us	
Shalberg, Greg	(719) 688-3547	gregshalberg@aol.com	
Boone, Linda	(720) 271-8605	LDBoonePar@aol.com	All Inspections
Herian, Tim	(316) 655-9200	therian1@cox.net	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
434032	WELL	SI	04/01/2020	OW	073-06550	Albatross-State 1	SI

General Comment:[Routine Inspection](#)[Animal holes under west tank \(see attached photo\).](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 719-340-0319

Corrective Action:

Date: _____

Overall Good: ☐

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		

Comment:	not on	Date:	
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:		Date:	
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:		Date:	
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:		Date:	
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:		Date:	
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:	not on	Date:	
Corrective Action:		Date:	
Type: Bird Protectors	# 2		
Comment:		Date:	
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLS	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:	same earth berms as crude oil tanks				
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	3	300 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			Base Insufficient	
Comment:	Animal holes under tank (see attached photo).			
Corrective Action:	Repair or install berms or other secondary containment devices per Rule 906.d.(1).			Date: 11/13/2020

Venting:

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Location Construction

Location ID: 434032 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: No problems seen.

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:	434032	Type:	WELL	API Number:	073-06550	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: _____									
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
				Material Handling And Spill Prevention	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
402502826	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5261687
688308680	Wiepking-Fullerton Albatross-State 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5261680