

**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:

10/29/2020

Submitted Date:

11/11/2020

Document Number:

688308886**FIELD INSPECTION FORM**Loc ID 449920 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 90450Name of Operator: TRUE OIL LLCAddress: P O BOX 2360City: CASPER State: WY Zip: 82601**Status Summary:**

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

Findings:28 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
Schmidt, Erich	(307) 266-0243	erich.schmidt@truecos.com	
Forsting, Kate	307-247-3703	kate.forsting@truecos.com	Environmental
Gochenour, Herb	307-247-3848	herb.gochenour@truecos.com	
Fanto, John	307-266-0222	john.fanto@truecos.com	Designated Agent

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
449919	WELL	PR	06/01/2020	OW	005-07266	CITADEL 5-64 15-16-1CHZ	PR
449921	WELL	PR	11/30/2017	OW	005-07267	WILDHORSE 5-64 15-16-1BHZ	PR
449922	WELL	PR	06/01/2020	OW	005-07268	HAGAR 5-64 15-16-1BHZ	PR
449923	WELL	PR	11/30/2017	OW	005-07269	POWELL 5-64 15-16-1CHZ	PR
454164	WELL	PR	06/01/2020	OW	005-07340	Thunder 5-64 15-16-1CHZ	PR
454165	WELL	PR	06/01/2020	OW	005-07341	Grizzly 5-64 15-16-1CHZ	PR
454167	WELL	PR	01/09/2020	OW	005-07342	Ouray 5-64 15-16-1BHZ	PR
454168	WELL	PR	06/01/2020	OW	005-07343	Buckskin 5-64 15-16-1BHZ	PR

General Comment:

Routine FIU Inspection

Multiwell pad

LocationOverall Good: ☒

Signs/Marker:			
Type	OTHER		
Comment:	location sign at entrance		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	8		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 307-224-5181

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Compressor	# 1		
Comment:	with two phase separator		
Corrective Action:		Date:	
Type: VRU	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 5		
Comment:	One meter house is at NE cor of location with a vertical separator. All the treaters have O/G/W meters., with the exception of the bulk treater having only water/gas meter(doesn't have an oil meter). The treater meters are calibrated every 6 months, the sales & flare gas meters are calibrated every month.		

Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 4		
Comment:	3 phase		
Corrective Action:		Date:	
Type: VRT	# 4		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 8		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 7		
Comment:	2 with pilots on, 5 with auto pilots, 5 IES, 2 Ashcor, 2 IES combustors with pilots on are for tank vapors, the five combustors on NW corner with auto pilots (3 IES, 2 Ashcor) are from meter house gas line		
Corrective Action:		Date:	
Type: Horizontal Heater Treater	# 1		
Comment:	3 phase		
Corrective Action:		Date:	
Type: Vertical Separator	# 3		
Comment:	two test separators and one bulk separator		
Corrective Action:		Date:	
Type: Other	# 2		
Comment:	1 gas lift manifold, 2 header manifolds		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	500 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				
Comment:					
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	<100 BBLS	BV CONCRETE		,

Comment:							
Corrective Action:						Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Other	Adequate						
Comment:							
Corrective Action:						Date:	

Contents	#	Capacity	Type	Tank ID	SE GPS		
PRODUCED WATER	6	500 BBLS	HEATED STEEL AST		,		
Comment:							
Corrective Action:						Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Other	Adequate	Walls Sufficent	Base Sufficent	Adequate			
Comment:							
Corrective Action:						Date:	

Contents	#	Capacity	Type	Tank ID	SE GPS		
CRUDE OIL	16	500 BBLS	STEEL AST		,		
Comment:							
Corrective Action:						Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Other	Adequate	Walls Sufficent	Base Sufficent	Adequate			
Comment:							
Corrective Action:						Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Location Construction

Location ID: 454168 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:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Inspected Facilities			
Facility ID: 449919	Type: WELL	API Number: 005-07266	Status: PR Insp. Status: PR
Producing Well			
Comment: PR. 8/1/2020 production reported to COGCC database. Gas produced: sold and used, none flared.			
Corrective Action:		Date:	
BradenHead			
Date of Last Brhd Test: _____		Annual Brhd Completed? #Error _____	
Last Brhd Test Results		Initial Surf Csg Pressure: _____	Fluid Type: _____
		End Surf Csg Pressure: _____	
Comment: 12 psi			
Corrective Action:		Date:	
Facility ID: 449921	Type: WELL	API Number: 005-07267	Status: PR Insp. Status: PR
Producing Well			
Comment: PR. 8/1/2020 production reported to COGCC database. Gas produced: sold and used, none flared.			
Corrective Action:		Date:	
BradenHead			
Date of Last Brhd Test: _____		Annual Brhd Completed? #Error _____	
Last Brhd Test Results		Initial Surf Csg Pressure: _____	Fluid Type: _____
		End Surf Csg Pressure: _____	
Comment: 0 psi			
Corrective Action:		Date:	
Facility ID: 449922	Type: WELL	API Number: 005-07268	Status: PR Insp. Status: PR
Producing Well			
Comment: PR. 8/1/2020 production reported to COGCC database. Gas produced: sold and used, none flared.			
Corrective Action:		Date:	
BradenHead			
Date of Last Brhd Test: _____		Annual Brhd Completed? #Error _____	
Last Brhd Test Results		Initial Surf Csg Pressure: _____	Fluid Type: _____
		End Surf Csg Pressure: _____	
Comment: 0 psi			
Corrective Action:		Date:	
Facility ID: 449923	Type: WELL	API Number: 005-07269	Status: PR Insp. Status: PR
Producing Well			
Comment: PR. 8/1/2020 production reported to COGCC database. Gas produced: sold and used, none flared.			
Corrective Action:		Date:	

BradenHeadDate of Last Brhd Test: _____ Annual Brhd Completed? #Error

Last Brhd Test Results Initial Surf Csg Pressure: _____ Fluid Type: _____

End Surf Csg Pressure: _____

Comment: 0 psi

Corrective Action: _____

Date: _____

Facility ID: 454164 Type: WELL API Number: 005-07340 Status: PR Insp. Status: PR**Producing Well**Comment: PR. 8/1/2020 production reported to COGCC database. Gas produced: sold and used, none flared.

Corrective Action: _____

Date: _____

Facility ID: 454165 Type: WELL API Number: 005-07341 Status: PR Insp. Status: PR**Producing Well**Comment: PR. 8/1/2020 production reported to COGCC database. Gas produced: sold and used, none flared.

Corrective Action: _____

Date: _____

Facility ID: 454167 Type: WELL API Number: 005-07342 Status: PR Insp. Status: PR**Producing Well**Comment: PR. 8/1/2020 production reported to COGCC database. Gas produced: sold and used, none flared.

Corrective Action: _____

Date: _____

BradenHeadDate of Last Brhd Test: _____ Annual Brhd Completed? #Error

Last Brhd Test Results Initial Surf Csg Pressure: _____ Fluid Type: _____

End Surf Csg Pressure: _____

Comment: 0 psi

Corrective Action: _____

Date: _____

Facility ID: 454168 Type: WELL API Number: 005-07343 Status: PR Insp. Status: PR**Producing Well**Comment: PR. 8/1/2020 production reported to COGCC database. Gas produced: sold and used, none flared.

Corrective Action: _____

Date: _____

BradenHead			
Date of Last Brhd Test: _____		Annual Brhd Completed? _____ #Error _____	
Last Brhd Test Results	Initial Surf Csg Pressure: _____	Fluid Type: _____	
	End Surf Csg Pressure: _____		
Comment:	<div>0 psi</div>		
Corrective Action:	<div></div>	Date: _____	

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

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: RANGELAND

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? _____

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? _____

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? _____

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

Comment _____

Corrective Action _____

Date _____

1003b. Area no longer in use? PassProduction areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____ Date _____

Overall Interim Reclamation In Process**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads _____ Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

1004.d. FINAL VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location ☐ Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Gravel	Pass			
Retention Ponds	Pass	Culverts	Pass			
		Tracking Pad	Pass			
Compaction	Pass	Compaction	Pass			
		Check Dams	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
688308985	TRUE OIL Buckskin 5-64 15-1-1BHZ	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5290505