

**FORM  
INSP**Rev  
X/20**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:

02/17/2021

Submitted Date:

02/25/2021

Document Number:

688309731**FIELD INSPECTION FORM**Loc ID 316973 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 10690Name of Operator: IMPETRO RESOURCES LLCAddress: 2820 LOGAN DRIVECity: LOVELAND State: CO Zip: 80538**Status Summary:**

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

**Findings:**6 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         |
|--------------|--------------|----------------------------|-----------------|
| Bradley, Sam | 970-593-8626 | sbradley.impetro@gmail.com | Principal Agent |
| Gibson, Rick | 970-768-6880 | rtgibson01@msn.com         |                 |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|
| 233649      | WELL | PR     | 09/01/2017  | OW         | 121-05709 | MARICK STATE 1 | PR          |

**General Comment:**

Routine Inspection, passed

**Location**Overall Good: ☒

|                      |            |       |  |
|----------------------|------------|-------|--|
| <b>Signs/Marker:</b> |            |       |  |
| Type                 | CONTAINERS |       |  |
| Comment:             |            |       |  |
| Corrective Action:   |            | Date: |  |
| Type                 | WELLHEAD   |       |  |
| Comment:             |            |       |  |
| Corrective Action:   |            | Date: |  |

Emergency Contact Number:

Comment: 970-593-8626

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☐

|                |      |        |  |  |
|----------------|------|--------|--|--|
| <b>Spills:</b> |      |        |  |  |
| Type           | Area | Volume |  |  |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

|                    |           |       |  |
|--------------------|-----------|-------|--|
| <b>Fencing/:</b>   |           |       |  |
| Type               | WELLHEAD  |       |  |
| Comment:           |           |       |  |
| Corrective Action: |           | Date: |  |
| Type               | PUMP JACK |       |  |
| Comment:           |           |       |  |
| Corrective Action: |           | Date: |  |

|                          |                |       |                 |
|--------------------------|----------------|-------|-----------------|
| <b>Equipment:</b>        |                |       | corrective date |
| Type: Prime Mover        | # 1            |       |                 |
| Comment:                 | electric motor |       |                 |
| Corrective Action:       |                | Date: |                 |
| Type: Deadman # & Marked | # 4            |       |                 |
| Comment:                 |                |       |                 |
| Corrective Action:       |                | Date: |                 |
| Type: Pump Jack          | # 1            |       |                 |
| Comment:                 |                |       |                 |
| Corrective Action:       |                | Date: |                 |
| Type: Bradenhead         | # 1            |       |                 |
| Comment:                 |                |       |                 |
| Corrective Action:       |                | Date: |                 |

**Tanks and Berms:**

|                    |   |          |                     |         |        |  |
|--------------------|---|----------|---------------------|---------|--------|--|
| Contents           | # | Capacity | Type                | Tank ID | SE GPS |  |
|                    |   |          | CENTRALIZED BATTERY |         | ,      |  |
| Comment:           |   |          |                     |         |        |  |
| Corrective Action: |   |          |                     |         | Date:  |  |

**Paint**

|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Condition        |  |  |  |  |  |
| Other (Content)  |  |  |  |  |  |
| Other (Capacity) |  |  |  |  |  |
| Other (Type)     |  |  |  |  |  |

**Berms**

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

**Venting:**

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

**Flaring:**

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

### Location Construction

Location ID: 233649 CDP: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

#### Form 2A COAs:

**Comment:** No COAs.

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: 233649 Type: WELL API Number: 121-05709 Status: PR Insp. Status: PR**Producing Well**Comment: [PR-12/1/2020 production reported to COGCC database.](#)

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                                                                                                                                                                 |
|--------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 688309807    | Impetro Marick State 1 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5361080">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5361080</a> |