

**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:

07/27/2021

Submitted Date:

07/27/2021

Document Number:

697004172**FIELD INSPECTION FORM**Loc ID 307057 Inspector Name: Peterson, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10312Name of Operator: PROSPECT ENERGY LLCAddress: 1036 COUNTRY CLUB ESTATES DRCity: CASTLE ROCK State: CO Zip: 80108**Status Summary:**

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

Findings:9 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
Gracey, Cameron		graceyservices@msn.com	
Giltner, Ward		wgiltner@yahoo.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
216711	WELL	PR	02/01/2021	OW	069-05121	KRAUSE (MUDDY UNIT) 1	PR

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Chemical systems		
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	PUMP JACK		
Comment:	Chain link		
Corrective Action:		Date:	
Type	IGNITOR/COMBUSTOR		
Comment:	Sound wall		
Corrective Action:		Date:	

Equipment:

Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Flow Line	# 1		

Comment:		Date:	
Corrective Action:		Date:	
Type: Other	#		
Comment:	Triplex pump	Date:	
Corrective Action:		Date:	
Type: Horizontal Heater Treater	# 1		
Comment:		Date:	
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:	Pilot is on.	Date:	
Corrective Action:		Date:	
Type: Bird Protectors	# 3		
Comment:		Date:	
Corrective Action:		Date:	
Type: Prime Mover	# 2		
Comment:	Electric motors on pumpjack and triplex pump	Date:	
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:		Date:	
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:		Date:	
Corrective Action:		Date:	
Type: Ancillary equipment	# 6		
Comment:	Automation array, fire extinguishers with current inspection tags and chemical systems in secondary containment	Date:	
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLs	FIBERGLASS AST		,
Comment:	Produced water tank is anchored.				
Corrective Action:		Date:			

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Comment:							
Corrective Action:						Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS		
PRODUCED WATER	2	400 BBLS	FIBERGLASS AST		,		
Comment:							
Corrective Action:						Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate			
Comment:							
Corrective Action:						Date:	

Contents	#	Capacity	Type	Tank ID	SE GPS		
CRUDE OIL	4	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			
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate			
Comment:							
Corrective Action:						Date:	

Venting:

Yes/No	NO						
Comment:							
Corrective Action:					Date:		

Flaring:

Type						
Comment:						
Corrective Action:					Date:	

Inspected FacilitiesFacility ID: 216711 Type: WELL API Number: 069-05121 Status: PR Insp. Status: PR**Producing Well**Comment: PR

Corrective Action:

Date:

BradenHeadDate of Last Brhd Test: _____ Annual Brhd Completed? No

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

End Surf Csg Pressure: _____

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
Gravel	Pass	Gravel	Pass	Self Inspection	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
697004173	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5490335