

**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:

09/29/2021

Submitted Date:

10/06/2021

Document Number:

697601591

FIELD INSPECTION FORMLoc ID _____ Inspector Name: _____ On-Site Inspection ☐
GINTAUTAS, PETER 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 39560

Name of Operator: TOP OPERATING COMPANY

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

Status Summary:

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

Findings:

2 Number of Comments

1 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
HERRING, PAUL	(303) 727-9915	paul.herring@topoperating.com	
		dcoloccia@eagle-enviro.com	
Binschus, Chris		chris.binschus@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
480872	SPILL OR RELEASE	AC	10/05/2021		-	Former well location	EI

General Comment:

inspection of spill and general location observations
 unused equipment and trash seen on location in previous inspection has been removed. third party meter remains on site

Environmental**Spills/Releases:**

Type of Spill: OIL

Estimated Spill Volume: _____

Comment: spill discovered around wellhead during cut and cap/reclamation activities. Excavation open with fencing surrounding open excavation when no operator personnel present at site

Corrective Action: submit supplemental form 19 with details of investigation and remediation activities performed to date. When closure is requested submit records of waste disposal Per rule 905.b. (3). Provide documentation of transport of exploration and production wastes to offsite facilities to include the following information: A. The date of the transport; B. The identity of the waste generator; C. The identity of the waste transporter; D. The location of the waste pickup site; E. The type and volume of waste; and F. The name and location of the treatment or disposal site.

Date: 10/08/2021

Reportable: _____

GPS: Lat _____ Long _____

Proximity to Surface Water: _____

Depth to Ground Water: _____

Water Well Complaint:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____ Comment: _____

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
402833175	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5548567
697601593	excavation and fencing	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5548562
697601594	wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5548563
697601596	likely stained soils layers in excavation wall	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5548564