

**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:

11/05/2022

Submitted Date:

11/09/2022

Document Number:

694100022**FIELD INSPECTION FORM**Loc ID 427410 Inspector Name: Robinson, Taylor On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10773Name of Operator: FUNDARE RESOURCES OPERATING COMPANY LLCAddress: 5251 DTC PKWY STE 950City: GREENWOOD State: CO Zip: 80111**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**9 Number of Comments4 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
, CODY		ctrutt@fundareresources.com	PRINCIPAL AGENT
Anderson, Laurel		laurel.anderson@state.co.us	
Smith, Sydney		ssmith@fundareresources.com	Regulatory
Linhardt, Cliff		clinhardt@fundareresources.com	DESIGNATED AGENT

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
427417	WELL	PR	11/01/2016	OW	123-34980	Wildhorse 06-0634H	EI
480281	SPILL OR RELEASE	AC	07/19/2021		-	Wildhorse 06-0634H	EI

General Comment:

This is an environmental inspection for Spill ID 480281 location Wildhorse 06-0634H . Operator personnel was present during time of inspection. Photos attached to document site conditions.

LocationOverall Good: ☐

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?**Equipment:**

Type:	#		corrective date
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
Comment:						
Corrective Action:					Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	Inadequate berms around equipment			
Corrective Action:	Repair or install berms or other secondary containment devices per Rule 912.d.(1).			Date: 11/29/2022

Contents	#	Capacity	Type	Tank ID	SE GPS	
Comment:						
Corrective Action:					Date:	

Paint

Condition		
Other (Content)		
Other (Capacity)		

Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth				Inadequate	
Comment:				Inspector noticed all earthen berms were inadequate.	
Corrective Action:				Repair or install berms or other secondary containment devices per Rule 912.d.(1).	
				Date:	11/27/2022
Venting:					
Yes/No					
Comment:					
Corrective Action:					Date:
Flaring:					
Type					
Comment:					
Corrective Action:					Date:

Inspected Facilities									
Facility ID:	<u>427417</u>	Type:	<u>WELL</u>	API Number:	<u>123-34980</u>	Status:	<u>PR</u>	Insp. Status:	<u>EI</u>
Facility ID:	<u>480281</u>	Type:	<u>SPILL OR</u>	API Number:	<u>-</u>	Status:	<u>AC</u>	Insp. Status:	<u>EI</u>

Environmental**Spills/Releases:**

Type of Spill: _____ Estimated Spill Volume: _____

Comment: Initial remedial excavation has occurred and the excavation has been partially backfilled. However operator has not submitted a Supplemental Form 19 documenting initial response activities and relevant analytical data. Pursuant to Rule 912.b.(6) Operator is required to submit a Form 19 Supplemental Report for the associated spill within 90 days of the spill date requesting closure pursuant to Rule 913.h and supported by adequate documentation to demonstrate that the Spill or Release has been fully cleaned up and complies with Table 915-1; or A Form 27 if any of the criteria listed in Rules 912.b.(6).B.i-iii apply. If Remediation will continue under an approved Form 27, the Operator will also submit a Form 19 – Supplemental which requests closure of the Spill or Release and includes the Remediation project number assigned by the Director. Form 19 Supplemental is due by October 18, 2022.

Corrective Action: Submit a Form 27i for the remediation of the spill. Submit Form 19 Supplemental Report with any information not provided in the initial Form 19 and for the purpose of requesting closure of Spill/Release 480281 as work will proceed under a Form 27. Date: 11/16/2022

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well Complaint:

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

Field Parameters:

Sample Location: _____ Comment: _____

Spill/Remediation:

Comment: Staining was observed around the pumpjack engine.

Corrective Action: Properly dispose of oily waste in accordance with 905.e.

Date: 11/24/2022

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

COGCC Comments

Comment	User	Date
Monitoring wells were observed on location without proper caps/plugs. Operator shall install j-plugs in all monitoring wells.	robinsotl	11/09/2022

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

Document Num	Description	URL
403224111	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5910003
694100023	Photo documentation	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5910002