

FORM
INSPRev
X/20State of Colorado
Oil and Gas Conservation Commission1120 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 _____ Inspector Name: _____ On-Site Inspection
 427410 _____ Robinson, Taylor _____ 2A Doc Num: _____
Operator Information:
 OGCC Operator Number: 10773
 Name of Operator: FUNDARE RESOURCES OPERATING COMPANY LLC
 Address: 5251 DTC PKWY STE 950
 City: 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 Comments
 4 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		ctruitt@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.

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume			

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: 427417 Type: WELL API Number: 123-34980 Status: PR Insp. Status: EI

Facility ID: 480281 Type: SPILL OR API Number: - Status: AC Insp. Status: EI

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 Documents

You 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