

**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:

08/20/2024

Submitted Date:

09/05/2024

Document Number:

714300121

FIELD INSPECTION FORMLoc ID 322858 Inspector Name: Brown, Kari On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

ECMC Operator Number: 10633

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC

Address: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

Status Summary:

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

Findings:

5 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
Evans, Jacob		jevans@civiresources.com	
,		Inspections@civiresources.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
487569	SPILL OR RELEASE	AC	08/12/2024		-	Oskarson E Unit 1	EI

General Comment:

This is an environmental inspection to determine progress on Spill ID 487569 & Remediation Nos 35926, 35922 & 35616. Inspection submitted to document site conditions at the time of inspection.

There were no operator or contract environmental personnel on location at the time of this field 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:				
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:

Type			
Comment:	Fencing surrounding open excavations beginning to sag and requires maintenance.		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	487569	Type:	SPILL OR	API Number:	-	Status:	AC	Insp. Status:	EI
The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12									

Environmental**Spills/Releases:**

Type of Spill: _____

Estimated Spill Volume: _____

Comment: Any excavation for Spill ID 486897 has been backfilled; tank battery decommissioned under Remediation No 35616. Multiple small excavations were open along the flowline excavation for Remediation No 35926. No impacts were apparent in the open excavations; shallow groundwater was observed. Operator will comply with the implementation schedule and Conditions of Approval for all remaining remediation of soil impacts, reclamation and reporting established in the ECMC Remediation Project Nos 35926, 35922 & 35616.

Corrective Action: _____

Date: _____

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: _____

Waste Management:

Type	Management	Condition	GPS (Lat)	(Long)
Comment	Unmarked stockpiles were left on location with no liner. No indication if the stockpile is contaminated. BMPs around some soil stockpiles are inadequate.			
Corrective Action	E&P Waste not properly stored, handled, transported, treated, recycled, or disposed per Rule 905. If soil is to be stockpiled on location Operator shall install a sign to denote if the stockpile is clean or contaminated. If soil stockpile is contaminated Operator will collect a soil sample from underneath the observed soil stockpile area prior to spill closure.			Date: _____

Spill/Remediation:

Comment: Spill ID 486897 remains open.

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.

Corrective Action: _____

Date: _____

Emission Control Burner (ECB): _____

Comment: _____

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

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

Document Num	Description	URL
714300122	Insp Photos	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6695211