

**FORM
INSP**

Rev
X/20

**State of Colorado
Energy and Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

10/29/2025

Submitted Date:

11/14/2025

Document Number:

720900171

FIELD INSPECTION FORM

Loc ID 338111 Inspector Name: St John, William (Cal) On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

ECMC Operator Number: 10536
Name of Operator: SMITH ENERGY LLC
Address: 1540 MAIN ST SUITE 218 #334
City: WINDSOR State: CO Zip: 80550

Findings:

19 Number of Comments
0 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
Smith, Glenn	970-330-7034	gsmithten@what-wire.com	
Smith, Chris	970-330-7034	smithenergy@live.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
292857	WELL	PR	12/14/2007	GW	125-10988	CROSSLAND 4-1	PR

General Comment:

Inspector completed Follow-up audit 10/29/2025 as required by FIR to ensure corrective actions taken by Operator adequately address and comply with rule requirements cited in 09/25/2024 FIR document number 698602415. Operator has submitted FIRR. All corrective actions identified in FIR has been completed.

Location			
Lease Road:			
Type	Access		
comment:	Two track off maintained County Road.		
Corrective ActionL			Date:
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	Content/Quantity/Hazard sign at produced water tank.		
Corrective Action:			Date:
Type	BATTERY		
Comment:	Lease sign posted at remote Gas Meter Run.		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Lease sign at wellhead location.		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	Emergency contact information posted on Lease sign.		
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	WELLHEAD		
Comment:	Stock panel fencing around surface equipment at well location.		
Corrective Action:			Date:
Type	OTHER		
Comment:	Stock panel fencing around surface equipment at remote gas metering location.		
Corrective Action:			Date:
Equipment:			
Type: Other	# 1		corrective date
Comment:	Remote Gas Meter Shed.		
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:	Bradenhead plumbed to surface. Corrective action completed.		

Corrective Action:		Date:	
Type: Dehydrator	# 1		
Comment:	Dehydrator (Drip Bottle) on gas meter run inlet.		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Wellhead. Casing production. Rods removed and tubing in the wellbore. Tubing valve open. Casing valve open.		
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Separator Shed at remote Gas Meter Run.		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	Gas Meter Run. Well Inlet Valve open. Gas Outlet Valve open.		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	100 BBLs	STEEL AST		40.351110,-102.460160
Comment:	Produced water tank located at remote gathering location.				
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	None.			
Corrective Action:				Date:

Venting:

Yes/No	NO
Comment:	
Corrective Action:	Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 292857 CDP: _____

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:

Comment: No COA's.

Corrective Action: _____ Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____ Date: _____

Comment: _____

Corrective Action: _____ Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities

Facility ID: 292857 Type: WELL API Number: 125-10988 Status: PR Insp. Status: PR

Producing Well

Comment: Tubing valve open. Casing valve open. Gas Meter Run Valves: Well inlet valve open, Gas outlet valve open.
Electronic Well File reflects last Production/Status reported 9/1/2025 and Well Status as PR. Based on current valve settings at time of inspection the well is PR.

Corrective Action:

Date:

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
720900203	Inspection photos.	https://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7331661