

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Inspection Date:

10/20/2011

Document Number:

663100013

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	API Number	Facility ID	Loc ID	Tracking Type
	091-05007	227473	313991	
Facility Name: ASHING RANCH 1			Inspector Name: ANDREWS, DAVID	

Operator Information:

OGCC Operator Number:	<u>1</u>	Name of Operator:	<u>UNKNOWN</u>
Address: _____			
City:	_____	State:	_____
		Zip:	_____

Contact Information:

Contact Name	Phone	Email	Comment
OWINGS, SYLVIA	970-626-5239	sylviaowings@yahoo.com	Ranch Manager Spouse
ANDREWS, DAVID	970-625-2497	david.andrews@state.co.us	COGCC
OWINGS, MARK	970-275-9169		Ranch Manager

Compliance Summary:
 QtrQtr: SWSW Sec: 11 Twp: 45N Range: 8W
Inspector Comment:

WELL INSPECTED TO VERIFY WELL STATUS.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
227473	WELL	PA	08/20/1947	GW	091-05007

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Emergency Contact Number: <u>(S/U/V)</u> _____	Corrective Date: _____
Comment: _____	
Corrective Action: _____	

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 313991

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Wildlife BMPs:

Stormwater:

Comment: _____

Staking:

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:

Well							
Facility ID:	227473	API Number:	091-05007	Status:	PA	Insp. Status:	PA

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
Comment: _____
Corrective Action: _____ Date: _____
Reportable: _____ GPS: Lat _____ Long _____
Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

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

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

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

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION**Cropland**

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: LOCATION USED FOR GRAZING

Well plugged Pass Pit mouse/rat holes, cellars backfilled PassDebris removed Pass No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Inspector Name: ANDREWS, DAVID

Location and associated production facilities reclaimed <u>Pass</u>		Locations, facilities, roads, recontoured <u>Pass</u>	
Compaction alleviation <u>Pass</u>		Dust and erosion control <u>Pass</u>	
Non cropland: Revegetated 80% <u>Pass</u>		Cropland: perennial forage _____	
Weeds present _____		Subsidence _____	
Comment: <div>NO EVIDENCE OF WELL, PRODUCTION EQUIPMENT, SUBSIDENCE, OR STRESSED VEGETATION.</div>			
Corrective Action: <div></div>			Date