

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:
12/06/2011

Document Number:
663900211

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID <u>218264</u>	Loc ID <u>387137</u>	Tracking Type	Inspector Name: <u>QUINT, CRAIG</u>
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Operator Information:

OGCC Operator Number: 96340 Name of Operator: WIEPKING-FULLERTON ENERGY LLC

Address: 4600 S DOWNING ST

City: ENGLEWOOD State: CO Zip: 80113

Contact Information:

Contact Name	Phone	Email	Comment
Halde, Kerry	719-346-0653 off/6975	haldesand@centurytel.net	719-340-0329 cell

Compliance Summary:

QtrQtr: NESW Sec: 6 Twp: 10S Range: 55W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/05/2011	200291030	PR	PR	S			N
10/05/2010	200276193	PR	PR	U			Y
01/21/2010	200228357	PR	PR	S			N
04/11/2011	200308331	PR	PR	S			N
03/25/2008	200129060	PR	WO	U			Y
10/15/2008	200197359	PR	PR	S			N
11/02/2010	200284819	PR	PR	U			Y

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
218264	WELL	PR	07/18/2011	OW	073-06249	STATE-MONKS 23-6 1 <input checked="" type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	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

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	HARD PACKED SAND & GRAVEL ROAD THROUGH PASTURE.		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory	LABELING ON 125 GAL CHEMICAL TANK.		
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory	WELL SIGN AT BATTERY BY STAIRS.		

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Prime Mover	1	Satisfactory	AJAX GAS ENGINE.		
Deadman # & Marked	4	Satisfactory			
Ancillary equipment	6	Unsatisfactory	GAS SCRUBBER, DAY TANK, CATHOTIC GENERATOR, CATHOTIC RECTIFIER, PROPANE TANK, 125 GAL CHEMICAL TANK WITHOUT CONTAINMENT.	INSTALL CHEMICAL CONTAINMENT.	03/06/2012
Veritcal Heater Treater	1	Satisfactory	TREATER SHED W/CHEMICAL BARREL.		
Pump Jack	1	Satisfactory	456 LUFKIN		

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	39.206670,-103.595660
S/U/V:	Satisfactory		Comment:	
Corrective Action:				Corrective Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Corrective Action				Corrective Date	

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	39.206670,-103.595660
S/U/V:	Satisfactory		Comment:	
Corrective Action:				Corrective Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	BERMS COVERED WITH GRAVEL.
Corrective Action				Corrective Date	

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 387137

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: 218264 API Number: 073-06249 Status: PR Insp. Status: PR

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:

Lat _____ Long _____

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

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? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

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

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

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

Cuttings management: _____

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

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

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____ P _____

Comment: UNUSED AREAS OF THE LOCATION ARE COVERED WITH GRASS AND NATURAL VEGETATION.

Final Reclamation/ Abandoned Location:

Inspector Name: QUINT, CRAIG

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

Final Land Use: _____
Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Gravel	Pass	MHSP	Fail	

S/U/V: Unsatisfactory Corrective Date: 03/06/2012

Comment: NO CONTAINMENT UNDER 125 GAL CHEMICAL TANK

CA: INSTALL CHEMICAL CONTAINMENT.