

**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



| | | | |
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| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

01/26/2012

Document Number:

664000332

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|--------------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: <u>LEONARD, MIKE</u> |
| | <u>295091</u> | <u>309620</u> | | |

Operator Information:OGCC Operator Number: 10221 Name of Operator: RUNNING FOXES PETROLEUM INCAddress: 6855 S. HAVANA ST #400City: CENTENNIAL State: CO Zip: 80112**Contact Information:**

| Contact Name | Phone | Email | Comment |
|---------------|----------------|-----------------------------------|---------|
| Wilson, Chuck | (720) 344-5155 | chuckwilson@nighthawkenenergy.com | COO |
| Keppel, Kent | (720) 889-0510 | kkeppel@atoka.com | COUA |

Compliance Summary:QtrQtr: NWSE Sec: 5 Twp: 13S Range: 55W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 06/28/2011 | 200314357 | PR | PR | U | | | Y |
| 06/14/2011 | 200312952 | CO | PR | U | | | Y |
| 05/10/2011 | 200310608 | CO | PR | U | | | Y |
| 03/31/2011 | 200306525 | PR | PR | U | | | Y |
| 01/05/2011 | 200292640 | CO | SI | U | | | Y |
| 02/22/2010 | 200291407 | PR | PR | S | | | N |
| 12/11/2009 | 200224054 | PR | PR | S | | | N |
| 05/28/2009 | 200211632 | PR | WO | U | | | Y |
| 04/23/2009 | 200209208 | PR | WO | S | | | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------------------------------|
| 295091 | WELL | SI | 06/27/2011 | OW | 073-06321 | JOLLY RANCH 10-5 | <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 |
|------|-----------------------------|---|---|------------|
| Main | Unsatisfactory | ROAD HAS NOT BEEN REPAIRED TO PREVENT VEHICLES FROM LEAVING MAIN ROAD | REPAIR AND MAINTAIN ROAD TO ENSURE VEHICLE STAY ON ROAD | 03/30/2012 |

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|-----------------------------------|---|------------|
| TANK LABELS/PLACARDS | Unsatisfactory | TREATER NOT LABELED | Install sign to comply with rule 210.b. | 03/30/2012 |
| WELLHEAD | Unsatisfactory | DOES NOT REFLECT CURRENT OPERATOR | Install sign to comply with rule 210.b. | 03/30/2012 |

Emergency Contact Number: (S/U/V) _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?**Equipment:**

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|---------------------|---|-----------------------------|--------------|-------------------|---------|
| Pump Jack | 1 | Satisfactory | STANDARD | | |
| Ancillary equipment | 1 | Satisfactory | PROPANE TANK | | |
| Deadman # & Marked | 4 | Satisfactory | | | |

Tanks/Berms:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|----------------|--------|
| PRODUCED WATER | 2 | 200 BBLS | FIBERGLASS AST | , |

S/U/V: Satisfactory Comment: SAME BERMS AS OIL TANKS

Corrective Action: _____ Corrective Date: _____

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

Corrective Action: _____ Corrective Date: _____

Comment: _____

Inspector Name: LEONARD, MIKE

| | | | | | |
|--------------------------|-----------------------------|-----------------------------------|---------------------|------------------------|--|
| Tanks/Berms: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CRUDE OIL | 3 | 200 BBLS | HEATED STEEL AST | 38.943530,-103.576660 | |
| 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 | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Venting: | | | | | |
| Yes/No | | Comment | | | |
| | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 309620

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Wildlife BMPs:****Stormwater:**

| | | | |
|--------------|---------|------------|---------|
| Erosion BMPs | Present | Other BMPs | Present |
| | No | | |

Corrective Action: INSTALL BMP'S TO PREVENT STORMWATER ISSUES Date: 03/30/2012

Comments: Erosion BMPs: OBVIOUS EROSION REMAINS FROM PAD

Other BMPs: _____

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: 295091 API Number: 073-06321 Status: SI Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/V: Violation

CA Date: 02/29/2012

CA: Well must be either: 1) Put on production or 2) Per COGCC Rule 326.b.(1) a mechanical integrity test shall be performed on each temporarily abandoned well within thirty (30) days of the date the well becomes incapable of production or 3) Be properly plugged and abandoned. 4) A sundry requesting continued temporarily abandoned status should be submitted to Bob Koehler at the COGCC within thirty (30) days of receipt of this report - the sundry should detail the plan for the future operation of the well and the way the well is closed to the atmosphere. Shut-in and temporarily abandoned wells must be properly reported on COGCC Form 7, Operator's Monthly Production Report.

Comment: NO PRIME MOVER ON PUMPJACK

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? Fail Production areas stabilized ? Fail

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? Fail

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

Inspector Name: LEONARD, MIKE

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____ Fail _____

1003 f. Weeds Noxious weeds? _____

Comment: REVEGETATION HAS NOT OCCURED. LARGE AREAS OF BARE GROUND EXIST ON PIT AREAS. WELL PAD SHOWS SIGNS OF WATER AND WIND EROSION

Overall Interim Reclamation Fail

Final Reclamation/ Abandoned Location:

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 _____

Overall Final Reclamation

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____