

**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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Inspection Date:

03/06/2012

Document Number:

663900738

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>205713</u>	<u>320993</u>		<u>QUINT, CRAIG</u>

Operator Information:OGCC Operator Number: 10098 Name of Operator: ENERVEST OPERATING LLCAddress: 1001 FANNIN ST STE 800City: HOUSTON State: TX Zip: 77002**Contact Information:**

Contact Name	Phone	Email	Comment
Young, Ronny	713-495-6530 off	ryoung@enervest.net	512-581-2456 cell

Compliance Summary:

QtrQtr: <u>NENE</u>	Sec: <u>30</u>	Twp: <u>32S</u>	Range: <u>42W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/20/2010	200228839	SR	PA	U	F	F	Y
02/01/2008	200125704	PR	PA	U	F	F	Y
01/10/2001	200013408	PR	PR	U	I	F	Y
02/01/2000	200003550	PR	PR	S	I	P	N
03/26/1999	500135719	PR	PR			F	Y
02/16/1998	500135718	PR	PR			F	Y
01/23/1997	500135717	PR	PR				N
07/22/1996	500135716	PR	PR			P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
205713	WELL	PA	10/31/2006	GW	009-06124	HUME 1	<input checked="" type="checkbox"/>
320993	LOCATION	CL	04/14/2009		-	HUME-632S42W 30NENE	<input 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

Inspector Name: QUINT, CRAIG

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

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

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 320993

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: 205713	API Number: 009-06124	Status: PA	Insp. Status: PA
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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? _____ 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? _____

Inspector Name: QUINT, CRAIG

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: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Reminder: _____

Comment: _____

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

Debris removed Pass No disturbance /Location never built _____

Access Roads Regraded Fail Contoured Fail Culverts removed _____

Gravel removed _____

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

Compaction alleviation _____ Dust and erosion control _____

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

Weeds present Pass Subsidence Fail

Comment: ROAD IS NOT RIPPED AND CONTOURED, LOCATION HAS AREAS OF SUBSIDENCE AND BARE SPOTS. 3
-PIPELINE RISERS W/STEEL PIPE FENCE, CONDUIT W/ELECTRIC WIRES STILL IN PLACE.

Corrective Action: REMOVE RISERS, RIP, CONTOUR AND SEED ROAD, RECLAIM LOCATION.

Date **06/06/2012**

Overall Final Reclamation Fail

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: _____