

Inspector Name: PRECUP, JIM

**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:

01/06/2012

Document Number:

665400182

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>260680</u>	<u>409578</u>		<u>PRECUP, JIM</u>

Operator Information:

OGCC Operator Number: 24461 Name of Operator: DIVERSIFIED OPERATING CORPORATION

Address: 15000 W 6TH AVE STE 102

City: GOLDEN State: CO Zip: 80401

Contact Information:

Contact Name	Phone	Email	Comment
warburton, bill	303-384-9611	wlw@doccolo.com	operation engineer

Compliance Summary:

QtrQtr: <u>NWNE</u>	Sec: <u>5</u>	Twp: <u>7N</u>	Range: <u>60W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/30/2011	665400053	PA	PA	S			N
09/26/2011	200323677	SR	PA	U			Y
06/13/2011	200315199	HR	PA	U			Y
05/04/2010	200246868	HR	PA	U	F		Y
03/23/2010	200237510	HR	PA	U	F	P	Y
06/20/2002	200027702	DG	ND	U		P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
260680	WELL	PA	06/29/2002	LO	123-20532	SHOWERS 5-2	<input checked="" type="checkbox"/>
409578	LOCATION	CL	04/14/2009		-	SHOWERS-67N60W 5NWNE	<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: _____

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

Corrective Date: _____

Comment: _____

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Corrective Action:

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment
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Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
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Predrill

Location ID: 409578

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: 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: 260680 API Number: 123-20532 Status: PA Insp. Status: PA

Environmental

Spills/Releases:

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Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border:1px solid black; height:20px; width:100%;"></div>		
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 _____
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Waste Material Onsite? _____ CM _____

CA _____	CA Date _____
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Unused or unneeded equipment onsite? _____ CM _____

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

CA _____	CA Date _____
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Guy line anchors removed? _____ CM _____

CA _____	CA Date _____
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Guy line anchors marked? _____ CM _____

CA _____	CA Date _____
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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

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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 _____

Contoured Pass

Culverts removed Pass

Gravel removed Pass

Location and associated production facilities reclaimed _____

Locations, facilities, roads, recontoured _____

Compaction alleviation Pass

Dust and erosion control Pass

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____

Subsidence Pass

Comment: Doc has hand seeded this well site.

Corrective Action: _____ Date _____

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: _____

COGCC Comments

Comment	User	Date
Doc has hand seeded this well site. NOAV to be closed conditionalized to a pre-determined settlement schedule. Be advised roads left in place will require a release requested by the surface owner and the producer and must be approved by the COGCC Director. Well site requires 2 growing seasons or adequate coverage of (80%) of pre-disturbance levels.	precupj	04/04/2012

Attached Documents

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

Document Num	Description	URL
665400183	Showers 5-2 PICT 1	http://cogcc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=2897058