

**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:

04/04/2012

Document Number:

663400129

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>258592</u>	<u>331108</u>		<u>EDELEN, RANDY</u>

Operator Information:OGCC Operator Number: 24461 Name of Operator: DIVERSIFIED OPERATING CORPORATIONAddress: 15000 W 6TH AVE STE 102City: GOLDEN State: CO Zip: 80401**Contact Information:**

Contact Name	Phone	Email	Comment
Warburton, Bill	303 384-9611	wlw@doccolo.com	

Compliance Summary:QtrQtr: NENE Sec: 6 Twp: 7N Range: 60W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/04/2007	200119989	PR	PR	U			Y
03/15/2006	200087000	ES	PR	U		F	Y
04/13/2004	200052905	ES	PR	U		F	Y
04/01/2004	200052394	ES	PR	U		F	Y
04/15/2003	200037594	PR	PR	S		P	N
06/20/2002	200027703	PR	PR	U		F	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
258592	WELL	PR	11/28/2001	LO	123-20169	HILL 6-1	<input checked="" type="checkbox"/>
261554	LEASE	SI	09/27/2001		-	HILL 6-1	<input type="checkbox"/>
273444	PIT	AC	08/23/2004		-	HILL 6-1	<input type="checkbox"/>
331108	LOCATION	AC	04/14/2009		-	HILL-67N60W 6NENE	<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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Unsatisfactory	Battery and well on same location	Install sign to comply with rule 210.b.	05/31/2012

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 05/31/2012

Comment:

Corrective Action: Install sign to comply with rule 210.b.

Spills:				
Type	Area	Volume	Corrective action	CA Date
Lube Oil	WELLHEAD	<= 5 bbls	Pump jack is leaking gear oil, repair and remediate spill	05/31/2012
Condensate	WELLHEAD	<= 5 bbls	Repair wellhead components and remediate spill	05/31/2012
Lube Oil	WELLHEAD	<= 5 bbls	Prime mover is leaking in shed, remove stained soil	05/31/2012
Other	WELLHEAD	<= 5 bbls	Prime mover exhaust has created a stain area, remediate and address issue	05/31/2012
Condensate	Separator	<= 5 bbls	Cleanup spill inside separator shed	05/31/2012
Condensate	Tank	<= 5 bbls	Cleanup spill inside berm	05/31/2012

☒ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Pump Jack	1	Unsatisfactory	In a state of disrepair and leaking lube oil	Repair unit and install guards	05/31/2012
Horizontal Heater Treater	1	Unsatisfactory	Leaking	Repair and remediate stainLabels tanks to meet Rule 210.d	05/31/2012
Prime Mover	1	Unsatisfactory	In a state of disrepair and leaking lube oil	Repair unit	05/31/2012
Deadman # & Marked	4	Unsatisfactory	Deadmen are not marked	Properly mark all deadmen	05/31/2012
FWKO	1	Unsatisfactory	Not labeled	Labels tanks to meet Rule 210.d	05/31/2012
Gas Meter Run	1	Unsatisfactory	Hose taking gas to separator has leak repaired with electrical tape	Replace hose	05/31/2012

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	FIBERGLASS AST	40.609570,-104.127950

S/U/V: Unsatisfactory Comment: Tank not labeled

Corrective Action: Labels tanks to meet Rule 210.d

Corrective Date: **05/31/2012**Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action: Install a containment system to meet requirements of 604.a.(4)

Corrective Date: **05/31/2012**

Comment: No berm

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	PBV FIBERGLASS	40.609310,-104.127970

S/U/V: Unsatisfactory Comment: Tank not labeled

Corrective Action: Labels tanks to meet Rule 210.d

Corrective Date: **05/31/2012**Paint

Condition Adequate

Other (Content) Not labeled, unsure of contents

Other (Capacity) Not labeled, unsure of capacity

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action: _____ Corrective Date: _____

Comment: _____

Inspector Name: EDELEN, RANDY

Tanks/Berms:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	400 BBLS	STEEL AST	40.609810,-104.127980	
S/U/V:	Unsatisfactory	Comment:		Tank is not labeled	
Corrective Action: Labels tanks to meet Rule 210.d				Corrective Date: 05/31/2012	
Paint					
Condition	Adequate				
Other (Content)	Unlabeled unsure of contents				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate	Walls Sufficient	Base Sufficient	Inadequate	
Corrective Action		Repair berm			Corrective Date: 05/31/2012
Comment		Berm is in a poor state of repair			
Venting:					
Yes/No		Comment			
YES		_____			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 331108

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: 258592 API Number: 123-20169 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:

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

Field Parameters:

Sample Location: _____

Inspector Name: EDELEN, RANDY

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: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: EDELEN, RANDY

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: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits:

Pit Type: Produced Water Lined: YES Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: HDPE Liner Condition: Inadequate

Comment: Liner is torn

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: No netting

Anchor Trench Present: NO Oil Accumulation: YES 2+ feet Freeboard: _____

Pit (S/U/V): Unsatisfactory Comment: Weed growth inside pit, estimate crude to be deeper than 1 foot

Corrective Action: Remove and prevent further occurrence of crude in pit
Repair liner and bring pit into compliance with regulations

Date: 05/31/2012

Monitoring:	Monitoring Type	Comment
	None	No pit level indicator