

**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 |
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Inspection Date:

04/13/2012

Document Number:

663400147

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|----------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>227325</u> | <u>313943</u> | | <u>EDELEN, RANDY</u> |

Operator Information:OGCC Operator Number: 70385 Name of Operator: SMITH ENERGY CORPAddress: 12706 SHILOH RDCity: GREELEYState: COZip: 80631**Contact Information:**

| Contact Name | Phone | Email | Comment |
|--------------|-----------------------------------|----------------------|---------|
| Smith, Chris | (303) 709-6157/ (970) 799-3899 | smithenergy@live.com | |

Compliance Summary:QtrQtr: NENW Sec: 30 Twp: 6N Range: 58W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 04/06/2006 | 200089017 | PR | SI | U | | F | Y |
| 02/26/1999 | 500155986 | | | | | | |
| 10/11/1995 | 500155991 | PR | PR | | | P | N |
| 09/06/1995 | 500155990 | PR | PR | | | F | Y |
| 08/22/1995 | 500155989 | | | | | | |
| 03/08/1995 | 500155988 | PR | WO | | | F | Y |
| 03/05/1995 | 500155987 | PR | WO | | | F | Y |

Inspector Comment:

Casing collapse in wellWitness plugging operations

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|----------|--------|-------------|------------|-----------|-----------------------------|-------------------------------------|
| 227325 | WELL | SI | 06/22/2006 | GW | 087-08068 | ENERSOURCE 1 | <input checked="" type="checkbox"/> |
| 313943 | LOCATION | AC | 04/14/2009 | | - | ENERSOURCE-66N58W 30NENW | <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 |
| WELLHEAD | Unsatisfactory | No sign | Install sign to comply with rule 210.b. or plug well | 05/31/2012 |

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

Comment: _____

Corrective Action: _____

| Good Housekeeping: | | | | |
|---------------------------|-----------------------------|---|---|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| DEBRIS | Unsatisfactory | Some debris on location - swab cup, bull plug | Remove and properly dispose of all debris | 05/31/2012 |

Spills:

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

☐ Multiple Spills and Releases?

Venting:

| Yes/No | Comment |
|--------|---------|
| NO | |

| Flaring: | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 313943

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____**Date:** _____**Wildlife BMPs:****Comment:** _____**CA:** _____**Date:** _____**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: 227325 API Number: 087-08068 Status: SI Insp. Status: TA

Data retrieval failed for the subreport 'Subreport9' located at: \\dardensterling\cFormPa
Data retrieval failed for the subreport 'Subreport10' located at: \\dardensterling\cFormP

Cement**Cement Contractor**Contractor Name: Western WellsiteContractor Phone: (970) 867-9007**Surface Casing**

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): 100Good Return During Job: YESCement Type: Class G 16.0 ppg**Comment:**

Squeeze holes at 3,039'; CICR at 2,989'
 Pumped 90 sacks through retainer and 10 sacks on top
 Pumped from surface through perfs at 215' with good returns to surface

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: _____

Complaint:

| Tracking Num | Category | Assigned To | Description | Incident Date |
|--------------|-----------------------------|-------------|---|---------------|
| 845284 | ENVIRONM ENTAL DAMAGE | BINKLEY, ED | <p>Erosion and incomplete reclamation of drilling pits.</p> <p>Contacted operator 7/31/95 and 8/7/95; said he had ordered out dirt equipment, location had been wet. Will call when done.</p> <p>8/11/95 Ed Orr called to tell that he had not been paid royalties and heard that EnerSource was going bankrupt.</p> <p>10/20/95 Ed Orr had still not received royalties. Operator said Ed is receiving all royalties except recent lease purchase.</p> <p>10/17/95 drilling pits are closed, erosion problem cleaned up. 10/20 Ed receiving royalties.</p> | |

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: _____ | | | | | | |

COGCC Comments

| Comment | User | Date |
|--|---------|------------|
| Casing collapse in well Witness plugging operations | edelenr | 04/13/2012 |