

Inspector Name: BROWNING, CHUCK

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Inspection Date:

11/20/2012

Document Number:

668400789

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|--|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: <u>BROWNING, CHUCK</u> |
| | <u>210397</u> | <u>322388</u> | | |

Operator Information:OGCC Operator Number: 10112 Name of Operator: FOUNDATION ENERGY MANAGEMENT LLCAddress: 16000 DALLAS PARKWAY #875City: DALLAS State: TX Zip: 75248-**Contact Information:**

| Contact Name | Phone | Email | Comment |
|--------------------|-------------------|----------------------------------|-----------------|
| Eisterhold, Rachel | 918-585-1650 x212 | reisterhold@foundationenergy.com | |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

Compliance Summary:QtrQtr: SWSE Sec: 1 Twp: 8S Range: 105W**Inspector Comment:**Wellhead w/ blowdown pit, Separator w/ blowdown pit, Dehydrator w/ blowdown pit, Meter**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 210397 | WELL | PR | 01/06/2003 | GW | 045-06153 | FEDERAL 1-15 | <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 Motors: _____ | 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 | Satisfactory | | | |
| Access | Satisfactory | | | |

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|---------|-------------------|---------|
| WELLHEAD | Satisfactory | | | |

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

Corrective Date: _____

Comment: _____

Inspector Name: BROWNING, CHUCK

Corrective Action:

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

☐ Multiple Spills and Releases?

| | | | | |
|------------------|-----------------------------|---|-------------------|---------|
| Fencing/: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | pipe fence & fenced/netted blowdown pit | | |

| <u>Equipment:</u> | | | | | |
|--------------------------------|---|-----------------------------|-------------------------------|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Dehydrator | 1 | Satisfactory | fenced/netted blowdown pit | | |
| Horizontal Heated Separator | 1 | Satisfactory | fenced/netted blowdown pit | | |
| Gas Meter Run | 1 | Satisfactory | | | |

| | | | |
|-----------------|---------|--|--|
| Venting: | | | |
| Yes/No | Comment | | |
| NO | | | |

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

Predrill

Location ID: 322388

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:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

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:**Facility**

Facility ID: 210397 Type: WELL API Number: 045-06153 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Environmental**Spills/Releases:**

Inspector Name: BROWNING, CHUCK

| | | |
|--|------------------------------|-------------------------------|
| 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| 1003a. | Debris removed? <u>Pass</u> CM _____ |
| | CA _____ CA Date _____ |
| | Waste Material Onsite? <u>Pass</u> CM _____ |
| | CA _____ CA Date _____ |
| | Unused or unneeded equipment onsite? <u>Pass</u> CM _____ |
| | CA _____ CA Date _____ |
| | Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____ |
| | CA _____ CA Date _____ |
| | Guy line anchors removed? _____ CM _____ |
| | CA _____ CA Date _____ |
| | Guy line anchors marked? <u>Pass</u> CM _____ |
| | CA _____ CA Date _____ |
| 1003b. | Area no longer in use? <u>Pass</u> Production areas stabilized ? <u>Pass</u> |
| 1003c. | Compacted areas have been cross ripped? _____ |
| 1003d. | Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u> |
| | 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? <u>Pass</u> Segregated soils have been replaced? _____ |
| RESTORATION AND REVEGETATION | |
| <u>Cropland</u> | |

Inspector Name: BROWNING, CHUCK

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Overall Interim Reclamation _____ In Process _____

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 _____ Multi-Well Location ☐

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: Blowdown Lined: NO Pit ID: _____ Lat: 39.391840 Long: -109.046710**Lining:**

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:Fencing Type: Livestock Fencing Condition: Adequate

Comment: _____

Netting:Netting Type: Mesh Netting Condition: Good

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____Pit (S/U/V): Satisfactory Comment: At Separator

Corrective Action: _____ Date: _____

Pits:Pit Type: Blowdown Lined: NO Pit ID: _____ Lat: 39.391490 Long: -108.046540**Lining:**

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:Fencing Type: Livestock Fencing Condition: Adequate

Comment: _____

Netting:Netting Type: Mesh Netting Condition: Good

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____Pit (S/U/V): Satisfactory Comment: At Dehydrator

Corrective Action: _____ Date: _____

Pits:Pit Type: Blowdown Lined: NO Pit ID: _____ Lat: 39.391890 Long: -109.047200**Lining:**

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:Fencing Type: Livestock Fencing Condition: Adequate

Comment: _____

Netting:Netting Type: Mesh Netting Condition: Good

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____Pit (S/U/V): Satisfactory Comment: At Wellhead

Corrective Action: _____ Date: _____