

Inspector Name: Carlile, Craig

**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 |
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Inspection Date:

11/21/2013

Document Number:

674000026

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|-----------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | <u>430907</u> | <u>309789</u> | <u>Carlile, Craig</u> | <input type="checkbox"/> 2A Doc Num: _____ |

Operator Information:

OGCC Operator Number:

Name of Operator: APOLLO OPERATING LLCAddress: 1538 WAZEE ST STE 200City: DENVER State: CO Zip: 80202

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

| Contact Name | Phone | Email | Comment |
|--------------|----------------------|----------------------------|---------|
| L., Jesse | 303 830-0888 x203 | jwhite@apollooperating.com | |
| PRECUP, JIM | | james.precup@state.co.us | |

Compliance Summary:QtrQtr: NENW Sec: 31 Twp: 5N Range: 63W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|--|
| 294474 | WELL | DG | 10/08/2013 | LO | 123-25384 | R & R FARMS 21-31 | DG <input type="checkbox"/> |
| 430907 | WELL | PR | 05/06/2013 | | 123-36327 | R & R FARMS 22-31D | FR <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

| | | | |
|-----------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>2</u> | 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

| Signs/Marker: | | | | |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |
| TANK LABELS/PLACARDS | Satisfactory | | | |
| BATTERY | Satisfactory | | | |

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

Corrective Date: _____

Inspector Name: Carlile, Craig

| | |
|--------------------|--|
| Comment: | |
| Corrective Action: | |

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

| | | | | | |
|-----------------------------|---|-----------------------------|--|-------------------|---------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Gas Meter Run | 1 | Satisfactory | 40.36294, - 104.48573 | | |
| Horizontal Heated Separator | 1 | Satisfactory | SE Corner of Berm around seperator 40.362.92, - 104.48563 | | |
| Emission Control Device | 1 | Satisfactory | SE Corner 40.36285, - 104.48567 | | |

| | | | | | |
|--------------------|--------------|-----------------------------------|----------------|------------------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | 100 BBLS | PBV FIBERGLASS | 40.362810, -104.485920 | |
| S/U/V: | Satisfactory | | Comment: | | |
| Corrective Action: | | | | | Corrective Date: |

| | |
|------------------------|----------|
| Paint | |
| Condition | Adequate |
| Other (Content) _____ | |
| Other (Capacity) _____ | |
| Other (Type) _____ | |

| | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|
| Berms | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficent | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Inspector Name: Carlile, Craig

| | | | | | |
|------------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CRUDE OIL | 2 | 300 BBLS | STEEL AST | 40.362810,-104.485920 | |
| S/U/V: | Satisfactory | | Comment: | | |
| Corrective Action: | | | | Corrective Date: | |
| Paint | | | | | |
| Condition | Adequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) _____ | | | | | |
| Other (Type) _____ | | | | | |
| Berms | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Venting: | | | | | |
| Yes/No | | Comment | | | |
| NO | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 430907

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/U/V:** _____ **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:**Facility**

Facility ID: 430907 Type: WELL API Number: 123-36327 Status: PR Insp. Status: FR

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: _____

Comment: Producing Intermittently

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: Carlile, Craig

| | | | |
|---|--|------------------------------|-------------|
| Comment: <input style="width:700px" type="text"/> | | | |
| Corrective Action: _____ | | Date: _____ | |
| Reportable: _____ | GPS: Lat _____ | Long _____ | |
| Proximity to Surface Water: _____ | | Depth to Ground Water: _____ | |
| Water Well: | | | |
| DWR Receipt Num: _____ | | Owner Name: _____ | GPS : _____ |
| Field Parameters: | | | |
| <input style="width:300px" type="text"/> | | | |
| Sample Location: <input style="width:400px" type="text"/> | | | |
| 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: IRRIGATED | |
| Comment: <input style="width:700px" type="text"/> | |
| 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? <u>Pass</u> CM _____ | |
| CA _____ | CA Date _____ |
| Guy line anchors marked? _____ 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? _____ | |
| 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? <u>Pass</u> | |
| Production areas have been stabilized? <u>Pass</u> | |
| Segregated soils have been replaced? _____ | |
| RESTORATION AND REVEGETATION | |
| <u>Cropland</u> | |
| Top soil replaced _____ | Recontoured _____ |
| Perennial forage re-established _____ | |

Inspector Name: Carlile, Craig

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: IRRIGATED

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 _____

Well Release on Active Location ☐

Multi-Well Location ☐

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Inspector Name: Carlile, Craig

Pit Type: _____ Lined: _____ Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/U/V): _____ Comment:

Corrective Action: Date: _____