

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



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Inspection Date:
12/17/2013

Document Number:
673900080

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>434717</u>	<u>432599</u>	<u>Rains, Bill</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: _____

Name of Operator: MINERAL RESOURCES, INC.

Address: PO BOX 328

City: GREELEY State: CO Zip: 80632

- 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
Precup, Jim	303-726-3822	jamesprecup@state.co.us	
Richardson, Collin	970-590-7523	collin@mineralresourcesinc.com	
HICKEY, MIKE		mike.hickey@state.co.us	

Compliance Summary:

QtrQtr: NWNE Sec: 5 Twp: 5N Range: 65W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
434713	WELL	DG	10/16/2013		123-38291	DT-Habitat 5-5-6	DG	<input type="checkbox"/>
434714	WELL	DG	10/16/2013		123-38292	DT-Habitat 4-5-6	DG	<input checked="" type="checkbox"/>
434715	WELL	DG	10/16/2013		123-38293	DT-Habitat 2-5-6	DG	<input type="checkbox"/>
434716	WELL	DG	10/16/2013		123-38294	DT-Habitat 3-5-6	DG	<input type="checkbox"/>
434717	WELL	DG	10/16/2013		123-38295	DT-Habitat 1-5-6	DG	<input type="checkbox"/>
434718	WELL	XX	10/11/2013		123-38296	DT-Forbes 2-5-6	XX	<input type="checkbox"/>
434719	WELL	XX	10/11/2013		123-38297	DT-Forbes 5-5-6	XX	<input type="checkbox"/>
434720	WELL	XX	10/11/2013		123-38298	DT-Forbes 3-5-6	XX	<input type="checkbox"/>
434721	WELL	DG	11/27/2013		123-38299	DT-Forbes 1-5-6	DG	<input type="checkbox"/>
434722	WELL	XX	10/11/2013		123-38300	DT-Forbes 4-5-6	XX	<input type="checkbox"/>

Equipment:

Location Inventory

Inspector Name: Rains, Bill

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>22</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>22</u>	Electric Motors: <u>1</u>
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: <u>1</u>	VOC Combustor: _____	Oil Tanks: <u>22</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>2</u>	Fuel Tanks: _____

Location

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

Comment: _____

Corrective Action: _____

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

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 434717

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:	
BMP Type	Comment
Planning	Project Phasing -The drilling of the wells at this location will be phased. -Phasing the drilling schedule will minimize impacts to surrounding neighbors by reducing the length of continued drilling periods. -Phase I will consist of 2 to 5 horizontally drilled wells

<p>Material Handling and Spill Prevention</p>	<p>Spill Prevention -All materials, waste, and fluids kept on-site will be stored in an appropriate manner to prevent contamination of the environment. -If a spill occurs, it will be cleaned up using absorbent material and by removing the contaminated soil. -Any contaminated soil will be disposed of appropriately. -All efforts will be made to prevent the spill from migrating off-site or coming into contact with stormwater runoff. -The Spill Control and Countermeasures plan will address and control all spill procedures.</p>
<p>Storm Water/Erosion Control</p>	<p>Fugitive Dust and Vehicle Tracking -Traffic speeds will be limited to control fugitive dust. -Watering will be completed to control fugitive dust as needed. -Graveled entries will be provided for vehicle tracking control. Refer to the Stormwater Management Plan for location. -Furrowing of disturbed soil will be provided at right angles to prevailing winds as needed.</p>
<p>General Housekeeping</p>	<p>Solid Waste -The site will be cleaned of all trash and waste as soon as practical. -All waste will be stored in sealed containers until it can be disposed of appropriately. -Solid waste will be removed from the site and disposed of per state regulations for solid waste.</p>
<p>General Housekeeping</p>	<p>Noxious Weeds -The site will be inspected for weed infested areas. -Prompt action will be taken to mitigate infested areas. -All noxious weeds identified will not be allowed to reach the flowering or seed dispersal stage. -Vehicles will not be allowed to drive through weed infested areas. -Machinery will not be parked in weed infested areas. -Vehicles sent off-site regularly will be inspected to assure that undercarriages and grill works are kept free of weed seed. -Undercarriages of vehicles or machinery potentially contaminated with noxious weed seeds will be washed before entry is made into noninfested areas.</p>
<p>Construction</p>	<p>The tank battery will be constructed using a steel containment ring and a geo-membrane liner.</p>
<p>Storm Water/Erosion Control</p>	<p>Stormwater -Mineral Resources maintains a Field Wide Stormwater Management Permit, Certification No. COR03H509. This site falls under this permit. -Stormwater best management practices will be completed per the site specific stormwater management plan. -Permanent seeding will be installed once all drilling and completion activities are finalized. -All stormwater best management practices will remain in place until final stabilization is achieved.</p>

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: _____

Inspector Name: Rains, Bill

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: 434714 Type: WELL API Number: 123-38292 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: PRECISION Pusher/Rig Manager: JOHN
Permit Posted: Satisfactory Access Sign: Satisfactory

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: YES Disposal Location: _____

Comment:

RIG DRILLING 4-5-6 AT 11793'. 5 WELLS HAD SURFACE CASING 5 WELLS HAD INTERMEDIATE CASING AND 1 WELL WITH LATERAL CASING. WALK AROUND SHOWED NO PROBLEMS. STORM WATER BMPS IN PLACE.

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: _____

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: INDUSTRIAL

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: INDUSTRIAL

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 _____

Inspector Name: Rains, Bill

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

S/U/V: _____ Corrective Date: _____
Comment: _____
CA: _____

Pits: NO SURFACE INDICATION OF PIT