

**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:

01/10/2014

Document Number:

668701325

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                 |                    |  |
|---------------------|-------------|--------|-----------------|--------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |  |
|                     | 416881      | 416885 | HELGELAND, GARY | 2A Doc Num:        |  |

**Operator Information:**

OGCC Operator Number:

Name of Operator: EOG RESOURCES INCAddress: 600 17TH ST STE 1100NCity: 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 |
|------------------|--------------|----------------------------------|---------|
| Gardner, Kaylene | 435-781-9111 | kaylene_gardner@eogresources.com |         |

**Compliance Summary:**

| QtrQtr:    | SESE      | Sec:       | 21          | Twp:                         | 11N      | Range:         | 63W             |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 03/08/2012 | 661600842 | PR         | PR          | Satisfactory                 |          |                | No              |
| 09/01/2010 | 200269298 | DG         | DG          | Satisfactory                 |          |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|-------------------------------------|
| 416881      | WELL | PR     | 11/15/2010  | OW         | 123-31505 | Critter Creek 17-21H | PR          | <input checked="" type="checkbox"/> |
| 418682      | PIT  | CL     | 08/12/2010  |            | -         | CRITTER CREEK 17-21H | CL          | <input type="checkbox"/>            |

**Equipment:****Location Inventory**

|                                     |                                |                        |                                 |
|-------------------------------------|--------------------------------|------------------------|---------------------------------|
| Special Purpose Pits: <u>1</u>      | Drilling Pits: <u>1</u>        | Wells: <u>1</u>        | Production Pits: <u>      </u>  |
| Condensate Tanks: <u>      </u>     | Water Tanks: <u>2</u>          | Separators: <u>2</u>   | Electric Motors: <u>      </u>  |
| Gas or Diesel Motors: <u>      </u> | Cavity Pumps: <u>2</u>         | LACT Unit: <u>1</u>    | Pump Jacks: <u>1</u>            |
| Electric Generators: <u>1</u>       | Gas Pipeline: <u>1</u>         | Oil Pipeline: <u>1</u> | Water Pipeline: <u>      </u>   |
| Gas Compressors: <u>      </u>      | VOC Combustor: <u>1</u>        | Oil Tanks: <u>5</u>    | Dehydrator Units: <u>      </u> |
| Multi-Well Pits: <u>      </u>      | Pigging Station: <u>      </u> | Flare: <u>1</u>        | Fuel Tanks: <u>      </u>       |

**Location**Emergency Contact Number: (S/U/V)       Corrective Date:       Comment:       Corrective Action:

|  |                             |                                |                   |              |
|--|-----------------------------|--------------------------------|-------------------|--------------|
| <b>Spills:</b>   |                             |                                |                   |              |
| Type   | Area                        | Volume                         | Corrective action | CA Date      |
| <input type="checkbox"/> Multiple Spills and Releases?                                   |                             |                                |                   |              |
| <b>Venting:</b>  |                             |                                |                   |              |
| Yes/No   | Comment                     |                                |                   |              |
| <b>Flaring:</b>  |                             |                                |                   |              |
| Type   | Satisfactory/Unsatisfactory | Comment                        | Corrective Action | CA Date      |
| <b>Predrill</b>  |                             |                                |                   |              |
| Location ID: 416881  |                             |                                |                   |              |
| <b>Site Preparation:</b>   |                             |                                |                   |              |
| Lease Road Adeq.:  |                             | Pads:                          | Soil Stockpile:   |              |
| <b>S/U/V:</b>  |                             |                                |                   |              |
| Corrective Action:   |                             | Date:                          | CDP Num.:         |              |
| <b>Form 2A COAs:</b>   |                             |                                |                   |              |
| <b>S/U/V:</b>  | <b>Comment:</b>             |                                |                   |              |
| <b>CA:</b>   |                             |                                |                   | <b>Date:</b> |
| <b>Wildlife BMPs:</b>  |                             |                                |                   |              |
| <b>S/U/V:</b>  | <b>Comment:</b>             |                                |                   |              |
| <b>CA:</b>   |                             |                                |                   | <b>Date:</b> |
| <b>Stormwater:</b>   |                             |                                |                   |              |
| <b>Comment:</b>  |                             |                                |                   |              |
| <b>Staking:</b>  |                             |                                |                   |              |
| <b>On Site Inspection (305):</b>   |                             |                                |                   |              |
| <u>Surface Owner Contact Information:</u>  |                             |                                |                   |              |
| Name:  |                             | Address:                       |                   |              |
| Phone Number:  |                             | Cell Phone:                    |                   |              |
| <u>Operator Rep. Contact Information:</u>  |                             |                                |                   |              |
| Landman Name:  |                             | Phone Number:                  |                   |              |
| Date Onsite Request Received:  |                             | Date of Rule 306 Consultation: |                   |              |
| Request LGD Attendance:  |                             |                                |                   |              |
| <u>LGD Contact Information:</u>  |                             |                                |                   |              |
| Name:  |                             | Phone Number:                  | Agreed to Attend: |              |
| <u>Summary of Landowner Issues:</u>  |                             |                                |                   |              |
|  |                             |                                |                   |              |
| <u>Summary of Operator Response to Landowner Issues:</u>                                 |                             |                                |                   |              |
|  |                             |                                |                   |              |
| <u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u> |                             |                                |                   |              |
|  |                             |                                |                   |              |
| <b>Facility</b>  |                             |                                |                   |              |

Facility ID: 416881 Type: WELL API Number: 123-31505 Status: PR Insp. Status: PR

**Producing Well**

Comment: Site located in rangeland/pasture.

**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: \_\_\_\_\_

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: RANGELAND

Comment: \_\_\_\_\_

1003a. Debris removed? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Waste Material Onsite? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors removed? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

Inspector Name: HELGELAND, GARY

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

**RESTORATION AND REVEGETATION**

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment: Site located in rangeland/pasture.

Overall Interim Reclamation In Process

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: RANGELAND

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            | Gravel                  | Pass                  |               |                          |         |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT

| Permit: | Facility ID | Permit Num | Expiration Date |
|---------|-------------|------------|-----------------|
|         | 418682      | 2608604    |                 |