

**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:

04/29/2014

Document Number:

673702827

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>234612</u>	<u>317027</u>	<u>Sherman, Susan</u>	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 95620Name of Operator: WESTERN OPERATING COMPANYAddress: 518 17TH 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
James, Steve	(303) 893-2432	S.DJames@att.Net	
ELLSWORTH, STUART		stuart.ellsworth@state.co.us	
Stapp, D. Scott	(303) 893-2432	scott@westernoperating.com	
Crumley, Tim	(970) 768-5658	tcrumley@comcast.net	

Compliance Summary:

QtrQtr:	SWNE	Sec:	23	Twp:	1N	Range:	54W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/22/2013	668200537	IJ	AC	SATISFACTOR Y			No
07/17/2012	663400622	IJ	AC	SATISFACTOR Y	P		No
04/21/2011	200308122	RT	AC	SATISFACTOR Y			No
06/28/2010	200258627	RT	AC	SATISFACTOR Y			No
08/21/2009	200216972	MI	AC	SATISFACTOR Y			No
06/22/2009	200213553	RT	AC	SATISFACTOR Y			No
04/16/2008	200130355	RT	AC	SATISFACTOR Y			No
07/10/2007	200115849	RT	AC	SATISFACTOR Y		Pass	No
08/14/2006	200094811	RT	AC	SATISFACTOR Y		Pass	No
08/30/2005	200076012	RT	AC	SATISFACTOR Y		Pass	No
03/31/2004	200052297	MI	AC	SATISFACTOR Y		Pass	No
05/21/2003	200042555	RT	AC	SATISFACTOR Y		Pass	No

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08/24/2001	200019704	RT	AC	SATISFACTOR Y		Pass	No
07/19/2000	200008109	RT	AC	SATISFACTOR Y		Pass	No
05/28/1999	500158769	HR	PA		P	Pass	
11/15/1998	500158768	SR	DA		F	Fail	No
10/15/1998	500158770	PR	PR			Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150426	UIC DISPOSAL	AC	04/23/1999		-	FORBES 2	AC	<input checked="" type="checkbox"/>
234612	WELL	IJ	10/15/2011	DSPW	121-06739	FORBES 2	AC	<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 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

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

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

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PIT	SATISFACTORY	Barbed wire		
WELLHEAD	SATISFACTORY	Barbed wire		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Other	1	SATISFACTORY	Shed over well equipment.		
Deadman # & Marked	4	SATISFACTORY			
Bird Protectors	1	SATISFACTORY	on well shed roof		

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 234612

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 150426 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 234612 Type: WELL API Number: 121-06739 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/21/2009

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 360 Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: initial 360 psi
5 min 340 psi
10 min 340 psi
15 min 340 psi

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: _____

Comment: pasture to the south, fallow wheat field to the east

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 REVEGETATIONCropland

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: _____

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 ☐

Inspector Name: Sherman, Susan

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			
S/A/V: SATISFACTOR Y Corrective Date: _____						
Comment: Well vegetated and mowed.						
CA: _____						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673702832	4_29_2014 MIT Forbes 2-23	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3332997
673702833	WO Forbes 2-23 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3332998
673702834	WO Forbes 2-23 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3332999
673702835	WO Forbes 2-23 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3333000
673702836	WO Forbes 2-23 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3333001
673702837	WO Forbes 2-23 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3333002
673702838	WO Forbes 2-23 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3333003
673702839	WO Forbes 2-23 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3333004
673702840	WO Forbes 2-23 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3333005