

**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:

05/19/2014

Document Number:

673400563

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	412127	414031	Waldron, Emily	2A Doc Num:	

Operator Information:OGCC Operator Number: 95245Name of Operator: WELLSTAR CORPORATIONAddress: 11990 GRANT ST STE 550City: NORTHGLENN State: CO Zip: 80233

- ☐ 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
KELLERBY, SHAUN		shaun.kellerby@state.co.us	
Noble, Paul		pn@wellstarcorp.com	

Compliance Summary:QtrQtr: NESE Sec: 35 Twp: 8N Range: 78W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/03/2011	200311054	PR	SI	SATISFACTOR Y			Yes
10/15/2010	200279894	DG	DG	SATISFACTOR Y			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
412127	WELL	PR	04/04/2013	OW	057-06490	Silver Spur Minerals 35-2H	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

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

Location

Inspector Name: Waldron, Emily

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	ACTION REQUIRED	No wellhead sign.	Install sign to comply with rule 210.	06/26/2014
BATTERY	SATISFACTORY	At entrance.		
TANK LABELS/PLACARDS	ACTION REQUIRED	Incomplete tank labels.	Install sign to comply with rule 210.	06/26/2014

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: 303-280-4515

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DEBRIS	ACTION REQUIRED	Misc. debris on north side of location by fence.	Keep location free of trash and debris.	06/26/2014
STORAGE OF SUPL	ACTION REQUIRED	Pipe and tubing stored on location.	Remove all equipment not necessary for production.	06/26/2014

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	SATISFACTORY			
Bird Protectors		SATISFACTORY			
Deadman # & Marked	4	SATISFACTORY			
Compressor	1	SATISFACTORY			

Inspector Name: Waldron, Emily

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2		STEEL AST	,
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Sufficient		Inadequate

Corrective Action	Maintain berm.	Corrective Date	06/26/2014
Comment	Berm is low.		

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2		STEEL AST	40.618080,-106.105550
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Sufficient		Inadequate

Corrective Action	Maintain berm.	Corrective Date	06/26/2014
Comment	Berm is low.		

Venting:		
Yes/No	Comment	

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

Predrill				
Location ID: 412127				
Site Preparation:				
Lease Road Adeq.: _____		Pads: _____		Soil Stockpile: _____

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
Agency	colerl	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	05/27/2010
Agency	kubeczkod	No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.	05/21/2010
Agency	kubeczkod	If groundwater is encountered during construction of the reserve pit, either the reserve pit must be lined, or a closed loop drilling system must be implemented.	05/21/2010

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: 412127 Type: WELL API Number: 057-06490 Status: PR Insp. Status: PR

Producing WellComment: **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: RANGELAND

Comment: 1003a. Debris removed? Fail CM _____CA Remove. CA Date 06/26/2014Waste Material Onsite? Fail CM _____CA Remove. CA Date 06/26/2014Unused or unneeded equipment onsite? Fail CM _____CA Remove all equipment not needed for production. CA Date 06/26/2014Pit, 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? Fail Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

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

Inspector Name: Waldron, Emily

Cuttings management: _____

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

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 Fail

Recontoured Fail

80% Revegetation Fail

1003 f. Weeds Noxious weeds? _____

Comment: No apparent interim reclamation.

Overall Interim Reclamation Fail

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
Gravel	Pass	Ditches	Pass			
Berms	Fail	Compaction	Pass			
Compaction	Pass	Culverts	Pass			
		Gravel	Pass			

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: Rills forming on perimeter berm. Stormwater is satisfactory by default, no BMPs apparent on location.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

Inspector Name: Waldron, Emily

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

Document Num	Description	URL
673400611	Incomplete tank labels	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3351044
673400612	Equipment storage	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3351045
673400613	Stormwater rills	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3351046