

**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 |
|----|----|----|----|
|----|----|----|----|

Inspection Date:

05/19/2014

Document Number:

673400565

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 298541 | 324761 | Waldron, Emily | <input type="checkbox"/> | |

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 | 303-280-4515 | pn@wellstarcorp.com | |

Compliance Summary:QtrQtr: SENE Sec: 10 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 10/21/2013 | 673400024 | PR | PR | ACTION REQUIRED | F | | No |
| 04/11/2012 | 662300404 | SI | TA | VIOLATION | | | Yes |
| 09/16/2010 | 200276828 | PR | TA | ACTION REQUIRED | | | Yes |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------------|-------------|-------------------------------------|
| 298541 | WELL | PR | 10/01/2012 | OG | 057-06476 | THREE RIVERS UNIT 10-2H | PR | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

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

Location

Inspector Name: Waldron, Emily

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

| Good Housekeeping: | | | | |
|---------------------------|------------------------------|--|--|------------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| STORAGE OF SUPL | ACTION REQUIRED | Tubing, pumps, equipment parts stored on location. | Remove all equipment not necessary for production. | 06/26/2014 |

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

| Equipment: | | | | | |
|---------------------------|---|------------------------------|-------------------------------|---------------------------|------------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Pump Jack | 1 | SATISFACTORY | Stained soil around wellhead. | Prevent leaks and spills. | 06/26/2014 |
| Bird Protectors | | SATISFACTORY | | | |
| Flare | 1 | SATISFACTORY | | | |
| Deadman # & Marked | 4 | SATISFACTORY | | | |
| Vertical Heated Separator | 1 | SATISFACTORY | Not bermed. | | |

Inspector Name: Waldron, Emily

| | | | | |
|--------------------|--------------|-----------------------------------|------------------|--------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | | STEEL AST | , |
| S/A/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 | | Adequate |

| | | | | | |
|-------------------|--------------|--|--|-----------------|--|
| Corrective Action | | | | Corrective Date | |
| Comment | Berm is low. | | | | |

| | | | | |
|--------------------|--------------|-----------------------------------|------------------|--------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| CRUDE OIL | 2 | | STEEL AST | , |
| S/A/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 | | Inadequate |

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

Inspector Name: Waldron, Emily

| | | | | | |
|--------------------------|------------------------------|---|---------------------|-----------------------|------------|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| | 3 | | STEEL AST | 40.680190,-106.125720 | |
| S/A/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 | | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | Berm is low. | | | |
| Venting: | | | | | |
| Yes/No | | Comment | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Action Required | | Comment | Corrective Action | CA Date |
| Predrill | | | | | |
| Location ID: 298541 | | | | | |
| Site Preparation: | | | | | |
| Lease Road Adeq.: | | Pads: | | Soil Stockpile: | |
| S/A/V: | | | | | |
| Corrective Action: | | Date: | | CDP Num.: | |
| Form 2A COAs: | | | | | |
| Group | User | Comment | | | Date |
| OGLA | kubeczkod | Location is in a sensitive area because of close proximity to surface water, therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures sufficiently protective of nearby surface water. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids. | | | 08/31/2010 |
| OGLA | kubeczkod | Operator must implement best management practices to contain any unintentional release of fluids. | | | 08/31/2010 |

Inspector Name: Waldron, Emily

| | | | |
|------|-----------|---|------------|
| OGLA | 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. | 08/31/2010 |
| OGLA | kubeczkod | Location may be in a sensitive area due to shallow groundwater; therefore, either a lined drilling pit or closed loop system must be implemented. | 08/31/2010 |
| OGLA | kubeczkod | 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. | 08/31/2010 |

S/A/V: ACTION

Comment:

See stormwater section of this report.

CA: Implement BMPs to comply with COAs.

Date:

06/26/2014

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: 298541 Type: WELL API Number: 057-06476 Status: PR Insp. Status: PR

Producing Well

Comment: Not currently pumping.

Environmental

Spills/Releases:

Inspector Name: Waldron, Emily

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? _____ 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

Inspector Name: Waldron, Emily

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: No apparent interim reclamation.

Overall Interim Reclamation _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Waddles | Fail | | | |
| Rip Rap | Fail | Check Dams | Fail | | | |
| Waddles | Fail | Ditches | Fail | | | |
| | | Gravel | Pass | | | |
| Berms | Pass | Compaction | Pass | | | |
| Check Dams | Fail | Culverts | | | | |

S/A/V: ACTION REQUIRED

Corrective Date: 06/26/2014

Comment: All stormwater BMPs need maintenance. Rills are transporting water onto location. Water is leaving location on southwest corner.

CA: Use and maintain appropriate stormwater BMPs to prevent the transportation, migration or erosion of soil on location, roads and in the interim reclamation area.

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

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

Inspector Name: Waldron, Emily

| Document Num | Description | URL |
|--------------|-------------------|---|
| 673400614 | Equipment storage | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3351672 |
| 673400615 | Wellhead | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3351673 |
| 673400616 | Stormwater | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3351674 |