

**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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| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:
06/05/2014

Document Number:
673703785

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|-----------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>236253</u> | <u>317099</u> | <u>Sherman, Susan</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|--|
| OGCC Operator Number: | <u>95620</u> |
| Name of Operator: | <u>WESTERN OPERATING COMPANY</u> |
| Address: | <u>518 17TH ST STE 200</u> |
| City: | <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |

- 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 |
|-----------------|----------------|----------------------------|---------|
| Stapp, D. Scott | (303) 893-2432 | scott@westernoperating.com | |
| James, Steve | (303) 893-2432 | S.DJames@att.Net | |
| KOEHLER, BOB | | bob.koehler@state.co.us | |
| Crumley, Tim | (970) 768-5658 | tcrumley@comcast.net | |

Compliance Summary:

| QtrQtr: | <u>NWNE</u> | Sec: | <u>14</u> | Twp: | <u>1N</u> | Range: | <u>54W</u> |
|------------|-------------|------------|-------------|-------------------------------|-----------|----------------|-----------------|
| 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 | 668200538 | IJ | AC | SATISFACTORY Y | | | No |
| 08/16/2012 | 663400762 | IJ | SI | SATISFACTORY Y | P | | No |
| 04/21/2011 | 200308092 | RT | AC | SATISFACTORY Y | | | No |
| 06/28/2010 | 200257897 | RT | AC | SATISFACTORY Y | | | No |
| 06/22/2009 | 200213552 | RT | AC | SATISFACTORY Y | | | No |
| 04/16/2008 | 200130354 | RT | AC | SATISFACTORY Y | | | No |
| 07/11/2007 | 200115914 | MI | AC | SATISFACTORY Y | | Pass | No |
| 08/14/2006 | 200094809 | RT | AC | SATISFACTORY Y | | Pass | No |
| 08/30/2005 | 200076010 | RT | AC | SATISFACTORY Y | | Pass | No |
| 03/31/2004 | 200052312 | RT | AC | SATISFACTORY Y | | Pass | No |
| 05/21/2003 | 200042554 | RT | AC | SATISFACTORY Y | | Pass | No |
| 07/29/2002 | 200029167 | MI | SI | SATISFACTORY Y | | Pass | No |

Inspector Name: Sherman, Susan

| | | | | | | | |
|------------|-----------|----|----|-------------------|---|------|----|
| 10/10/2001 | 200020955 | HR | DA | SATISFACTORY Y | P | Pass | No |
|------------|-----------|----|----|-------------------|---|------|----|

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|--------------|--------|-------------|------------|-----------|---------------|-------------|
| 159076 | UIC DISPOSAL | AC | 03/28/2002 | | - | BASLER 1 | AC |
| 236253 | WELL | IJ | 10/15/2011 | DSPW | 121-08743 | BASLER 1 | AC |

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 | through pasture | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| OTHER | SATISFACTORY | lease | | |
| 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 |
|----------|------------------------------|-------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | barbed wire | | |

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------------------|---|------------------------------|---------------------------------|-------------------|---------|
| Submersible Pump | 1 | SATISFACTORY | | | |
| Other | 1 | SATISFACTORY | Well shed (see attached photo). | | |

| | | | | | |
|--------------------|------------------------------|-----------------------------------|---------------------|---------------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| | | | CENTRALIZED PAD | | |
| S/AV: | | | Comment: | at Forbes 1-14, 121-06758 | |
| Corrective Action: | | | | Corrective Date: | |
| Paint | | | | | |
| Condition | | | | | |
| Other (Content) | _____ | | | | |
| Other (Capacity) | _____ | | | | |
| Other (Type) | _____ | | | | |
| Berms | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| | | | | | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Venting: | | | | | |
| Yes/No | Comment | | | | |
| | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 236253

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:**

CA: **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 236253 Type: WELL API Number: 121-08743 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -1
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____
Inj Zone: JSND

TC: Pressure or inches of Hg 0

Previous Test Pressure _____ Last MIT: 08/16/2012

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTRReq: _____

Comment: 2 7/8 in tubing on vacuum. 2000 BPD. Last MIT 8/16/2012.

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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: _____

Comment: pasture

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: _____

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 | | | | | |

Inspector Name: Sherman, Susan

| | | | | | |
|--------------------|------|--|--|--|--|
| Gravel | Pass | | | | |
| S/A/V: SATISFACTOR | | Corrective Date: _____ | | | |
| Y _____ | | | | | |
| Comment: | | | | | |
| 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 |
|--------------|------------------------|---|
| 673703886 | WO Basler 1-14 IJ well | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3360130 |
| 673703887 | WO Basler 1-14 IJ well | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3360131 |
| 673703888 | WO Basler 1-14 IJ well | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3360132 |
| 673703889 | WO Basler 1-14 IJ well | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3360133 |