

**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:

06/12/2014

Document Number:

673501239

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	248198	408747	COSTA, RYAN	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 24461Name of Operator: DIVERSIFIED OPERATING CORPORATIONAddress: 18121-C HAMPDEN AVENUE PMB 121City: AURORA State: CO Zip: 80013

- ☒ 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
WARBURTON, BILL	303-384-9611	wlw@doccolo.com	
RAMOS, MARTHA		martha.amos@state.co.us	

Compliance Summary:QtrQtr: NESE Sec: 21 Twp: 8N Range: 58W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/06/2012	665400190	PA	PA	SATISFACTORY		Fail	No
12/30/2011	665400057	PA	PA	SATISFACTORY			No
09/20/2011	200323042	HR	PA	ACTION REQUIRED	F		Yes
06/07/2011	200312899	HR	PA	ACTION REQUIRED	F		Yes
01/04/2010	200226294	HR	PA	ACTION REQUIRED	F		Yes
03/03/2008	200127598	SR	PA	ACTION REQUIRED	F	Pass	Yes
10/04/2006	200098011	SR	PA	ACTION REQUIRED	F	Fail	Yes
06/19/2006	200093888	SR	PA	ACTION REQUIRED	F	Fail	Yes
03/23/1995	500172988	PR	PR				No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
248198	WELL	PA	11/18/2005	OW	123-15996	SOONER UNIT 9-21	PA

Equipment:Location Inventory

Inspector Name: COSTA, RYAN

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment
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Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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Predrill

Location ID: 248198

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:**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:

Inspector Name: COSTA, RYAN

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: _____

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 PassPit mouse/rat holes, cellars backfilled PassDebris removed Pass

No disturbance /Location never built _____

Access Roads Regraded _____

Contoured _____

Culverts removed Pass

Gravel removed _____

Location and associated production facilities reclaimed PassLocations, facilities, roads, recontoured FailCompaction alleviation PassDust and erosion control PassNon cropland: Revegetated 80% Pass

Cropland: perennial forage _____

Weeds present PassSubsidence Pass

Comment: _____

The site had never been contoured. Vegetation cover and composition on location is sufficient and was assessed to be 80% of the surrounding area. SEE ATTACHED PHOTOS

Corrective Action: _____

Date _____

Overall Final Reclamation PassWell 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

S/A/V: _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ 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
673501262	FACING EAST	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3373474
673501264	FACING NORTH	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3373475
673501265	FACING WEST	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3373476
673501266	FACING SOUTH	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3373477