

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:
06/17/2014

Document Number:
667700400

Overall Inspection:

ACTION REQUIRED

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|-------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>215172</u> | <u>325653</u> | <u>LABOWSKIE, STEVE</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>10434</u> |
| Name of Operator: | <u>ATOM PETROLEUM LLC</u> |
| Address: | <u>3323 N MIDLAND DR #113</u> |
| City: | <u>MIDLAND</u> State: <u>TX</u> Zip: <u>79707</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 |
|--------------|----------------|-------------------------|---------|
| Stover, Tom | (303) 883-6293 | tstover0807@comcast.net | Owner |

Compliance Summary:

QtrQtr: NENE Sec: 3 Twp: 33N Range: 12W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 02/12/2014 | 666500115 | TA | WK | SATISFACTOR Y | | | No |
| 01/13/2014 | 666500114 | TA | WK | SATISFACTOR Y | | | No |
| 12/24/2013 | 666500113 | TA | WK | SATISFACTOR Y | | | No |
| 12/19/2013 | 666500112 | TA | WK | SATISFACTOR Y | | | No |
| 12/18/2013 | 666500111 | TA | WK | SATISFACTOR Y | | | No |
| 12/17/2013 | 666500109 | TA | WK | SATISFACTOR Y | | | No |
| 12/06/2013 | 667700106 | TA | WK | ACTION REQUIRED | I | | No |
| 11/21/2013 | 666500108 | TA | TA | SATISFACTOR Y | | | No |
| 11/14/2013 | 666500098 | TA | TA | SATISFACTOR Y | | | No |
| 11/13/2013 | 666500094 | TA | TA | SATISFACTOR Y | | | No |
| 11/12/2013 | 666500093 | TA | TA | SATISFACTOR Y | | | No |
| 11/07/2013 | 666500092 | TA | TA | SATISFACTOR Y | | | No |
| 11/05/2013 | 666500084 | TA | TA | SATISFACTOR Y | | | No |
| 11/04/2013 | 666500081 | TA | TA | SATISFACTOR Y | | | No |

| | | | | | | | |
|------------|-----------|----|----|-----------|---|------|-----|
| 01/09/2013 | 669400367 | TA | TA | VIOLATION | | | Yes |
| 01/08/2013 | 669400365 | TA | WK | VIOLATION | I | | Yes |
| 10/20/1998 | 500148621 | HR | PA | | P | Pass | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 215172 | WELL | TA | 11/10/1993 | | 067-06777 | TAYLOR 3 | WK <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 Motors: _____ | 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

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|--|---------------------------------------|------------|
| TANK LABELS/PLACARDS | ACTION REQUIRED | 1 tank labeled as non-potable water, all tanks need a contents label or centralized sign for all. If any hydrocarbons are stored they must be appropriately labeled and bermed immediately | Install sign to comply with rule 210. | 07/08/2014 |
| DRILLING/RECOMP | SATISFACTORY | sign should be at turn off from main paved road | | |
| WELLHEAD | SATISFACTORY | | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-------|------------------------------|---|--|------------|
| OTHER | ACTION REQUIRED | open top buckets of fluid, no spill prevention. | keep any vessel holding fluid covered or netted and with spill prevention measures | 07/03/2014 |
| OTHER | ACTION REQUIRED | portable toilet blown over with chemical/sewage spill | clean up spill, prevent recurrence with better anchoring. | 07/03/2014 |

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

| | | | | |
|--------------------|----------|-----------------------------------|----------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| OTHER | 4 | | OTHER | , |
| S/AV: | Comment: | | | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|------------------|--------------------|
| Condition | Adequate |
| Other (Content) | non-potable water? |
| Other (Capacity) | _____ |
| Other (Type) | portable storage |

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: 215172

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: 215172 Type: WELL API Number: 067-06777 Status: TA Insp. Status: WK

Workover

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: _____

- 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | MHSP | Fail | |

S/A/V: **ACTION REQUIRED** Corrective Date: **07/03/2014**

Comment:

CA: **clean up chemical toilet/sewage spill, prevent toilet from toppling again, use spill prevention vessels whenever possible and for long term storage, keep all vessels covered or netted.**

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 |
|--------------|------------------------|---|
| 667700402 | portable storage tanks | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3374164 |
| 667700403 | open top bucket | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3374165 |
| 667700404 | knocked over toilet | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3374166 |