

**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:

06/17/2014

Document Number:

667700400

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

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

Operator Information:OGCC Operator Number: 10434Name of Operator: ATOM PETROLEUM LLCAddress: 3323 N MIDLAND DR #113City: MIDLAND State: TX Zip: 79707

- ☐ 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

Inspector Name: LABOWSKIE, STEVE

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/A/V:		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/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:****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 REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Inspector Name: LABOWSKIE, STEVE

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