

**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:  
06/09/2015Document Number:  
673402154Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	222800	312904	Waldron, Emily	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 10409Name of Operator: PEAKVIEW OPERATING COMPANY, LLCAddress: 216 16TH STREET, SUITE 1450City: DENVER State: CO Zip: 80202

- ☐ 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
Coe, Lyell	303.386.5074	lcoe@peakviewenergy.com	

**Compliance Summary:**QtrQtr: SWSE Sec: 15 Twp: 6N Range: 90W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/08/2014	673401072	SI	SI	ACTION REQUIRED			No
01/09/2012	662300102			SATISFACTORY			No
11/17/2010	200290854	PR	PR	SATISFACTORY			No
09/17/2002	200033643	PR	PR	SATISFACTORY		Pass	No
06/19/2000	200010070	PR	PR	SATISFACTORY		Pass	No
10/14/1996	500154534						
08/13/1996	500154533	PR	PR			Pass	No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
222800	WELL	PR	05/01/2014	OW	081-06160	NOLAND 1-15	SI	<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 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****Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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

Corrective Date: \_\_\_\_\_

Comment: **720-402-3080**

Corrective Action: \_\_\_\_\_

**Good Housekeeping:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	SATISFACTORY	Annual weeds on location.	Implement and maintain a weed control program.	07/09/2015
STORAGE OF SUPL	SATISFACTORY	Tubing stacked neatly to north of pumpjack.		

**Spills:**

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

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Pump Jack	1	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY	40.47240, - 107.47362		
Deadman # & Marked	4	SATISFACTORY			
Dehydrator	1	SATISFACTORY	40.47243, - 107.47335		
Bird Protectors		SATISFACTORY			
Horizontal Separator	1	SATISFACTORY	40.47218, - 107.47339		

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 BBLS	STEEL AST	40.472270,-107.473300

S/A/V: SATISFACTORY      Comment: **AIRS ID 081-0218-001 Permit 09MF1309**

Corrective Action: \_\_\_\_\_

Corrective Date: \_\_\_\_\_

**Paint**

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

Inspector Name: Waldron, Emily

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate			Adequate	
Corrective Action					Corrective Date
Comment	Berm is low at stairs. Berm maintenance in progress during time of inspection.				
<b>Facilities:</b> <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	400 BBLS	STEEL AST	40.472650,-107.473670	
S/A/V:	SATISFACTORY		Comment: AIRS ID 081-0218-001 Permit 09MF1309		
Corrective Action:					Corrective Date:
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate			Adequate	
Corrective Action					Corrective Date
Comment	Weeds growing on berm.				
<b>Venting:</b>					
Yes/No	Comment				
NO					
<b>Flaring:</b>					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	

**Predrill**

Location ID: 222800

**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: 222800 Type: WELL API Number: 081-06160 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: \_\_\_\_\_

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: Waldron, Emily

Comment: <input style="width:700px" type="text"/>			
Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
<b><u>Water Well:</u></b>			
		Lat _____	Long _____
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	
<b><u>Field Parameters:</u></b>			
<input style="width:300px" type="text"/>			
Sample Location: <input style="width:400px" type="text"/>			
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: <input style="width:700px" type="text"/>	
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? _____
<b>RESTORATION AND REVEGETATION</b>	
<b><u>Cropland</u></b>	
Top soil replaced _____	Recontoured _____ Perennial forage re-established _____

Inspector Name: Waldron, Emily

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

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment: No apparent soil migration; erosion or soil movement.

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT