

Inspector Name: Sherman, Susan

**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:

07/06/2015

Document Number:

673710843

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	236765	317139	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10110Name of Operator: GREAT WESTERN OPERATING COMPANY LLCAddress: 1801 BROADWAY #500City: 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
Bradley, Sam	(970) 286-3426	sbradley@gwogco.com	
Ikenouye, Teri		teri.ikenouye@state.co.us	COGCC Production
James, Steve	(303) 893-2438	steve@westernoperating.com	President
Koehler, Bob		bob.koehler@state.co.us	COGCC UIC
DONATO, SCOTT	(303) 398-0537	SDONATO@GWOGCO.COM	

Compliance Summary:QtrQtr: NWNE Sec: 30 Twp: 1S Range: 56W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/06/2014	673705199	PR	SI	ACTION REQUIRED			No
07/29/2013	664001162	SI	SI	SATISFACTORY			No
06/28/2013	664001092	SI	SI	SATISFACTORY			No
06/25/2013	664001090			SATISFACTORY			No
02/11/2013	664000756	SI	SI	ACTION REQUIRED			No
07/16/2012	663400616	SI	AC	ACTION REQUIRED	P		No
04/01/2011	200306300	RT	AC	SATISFACTORY			No
07/14/2010	200262639	MI	AC	SATISFACTORY			No
06/24/2010	200258526	RT	AC	SATISFACTORY			No
06/22/2009	200213554	RT	AC	SATISFACTORY			No
04/10/2007	200109270	PR	SI	SATISFACTORY		Pass	No
04/10/2006	200089412	RT	AC	SATISFACTORY		Pass	No
04/19/2005	200070150	MI	SI	SATISFACTORY		Pass	No
03/14/2005	200068623	CC	SI	ACTION REQUIRED		Fail	No
05/23/2003	200039651	PR	TA	ACTION REQUIRED		Fail	Yes
03/12/2002	200024826	ID	TA	ACTION REQUIRED		Fail	Yes

Inspector Comment:

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Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159114	UIC ENHANCED RECOVERY	AC	04/15/2004		-	GREAT WESTERN FLESSNER 14	AC	<input type="checkbox"/>
236765	WELL	PR	02/13/2015	DSPW	121-09259	FLESSNER 14	AC	<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
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY	contents and quantity labels fading		

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

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
Ancillary equipment	1	SATISFACTORY	pump house shed		

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	300 BBLS	STEEL AST	39.941820,-103.693040

S/A/V: SATISFACTORY Comment: _____

Corrective Action: _____ Corrective Date: _____

PaintCondition Adequate

Other (Content) _____

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Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment	
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Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 236765

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:**S/A/V:** SATISFACTORY **Comment:** No COAs.**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: 236765 Type: WELL API Number: 121-09259 Status: PR Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -18 inches of Hg
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: JSNDTC: Pressure or inches of Hg 0 psiPrevious Test Pressure _____ Last MIT: 07/29/2013

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTReq: _____

Comment: Casing had slight blow down that died immediately. Injecting at time of inspection.
Last MIT was 7/29/2013.Method of Injection: GRAVITY 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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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: crop/sunflowers, Weld silt loam soil type1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

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Pit, cellars, rat holes and other bores closed? Pass CM

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass 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 ☐

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Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass	SI	Pass	
Compaction	Pass	Compaction	Pass			
S/A/V: SATISFACTOR Y Corrective Date: _____						
Comment: _____						
CA: _____						
Pits: <input type="checkbox"/> NO SURFACE INDICATION OF PIT						

COGCC Comments		
Comment	User	Date
This well is an UIC Enhanced Recovery well. If Great Western is using the well for injection then injected volumes need to be submitted on Form 7s. If the well is used for production, production volumes need to be submitted on Form 7s. Check previous production/injection data and submit applicable Form 7s to COGCC Production within 1 month (8/13/2015).	ShermaSe	07/10/2015

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673710846	Great Western Operating, Flessner 14 RUIC	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3640830

ACTION REQUIRED

ANY ACTION REQUIRED items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)