

**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

Inspection Date:

02/29/2016

Document Number:

673712760

Overall Inspection:

SATISFACTORY w/ CMT
or AR**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	233478	316956	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10548Name of Operator: HRM RESOURCES II LLCAddress: 410 17TH STREET #1100City: 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
Hutson, L. Roger	(303) 893-6621	lrhutson@hrmres.com	
Pape, Terry	(970) 768-5700	tpape@hrmres.com	
Prohaska, April	(303) 996-8697	aprohaska@hrmres.com	
Young, Rob		rob.young@state.co.us	COGCC EPS

Compliance Summary:QtrQtr: SWNE Sec: 22 Twp: 3S Range: 52W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/05/2015	673711183	SI	SI	ACTION REQUIRED			No
07/15/2014	673704799	IJ	AC	SATISFACTORY			No
07/23/2013	664001131	IJ	AC	SATISFACTORY			No
07/16/2012	663400608	IJ	AC	ACTION REQUIRED	P		No
04/19/2011	200307891	RT	AC	SATISFACTORY			Yes
06/04/2010	200254333	RT	AC	SATISFACTORY			Yes
07/17/2009	200215497	RT	AC	SATISFACTORY			No
02/21/2009	200215501	ES	UN	ACTION REQUIRED			Yes
07/24/2008	200193437	RT	AC	SATISFACTORY			No
04/16/2008	200130357	MI	AC	ACTION REQUIRED			Yes
05/10/2007	200111948	RT	AC	SATISFACTORY		Pass	No
04/10/2006	200089362	RT	AC	SATISFACTORY		Pass	No
08/25/2005	200075997	RT	AC	SATISFACTORY		Pass	No
05/06/2004	200054405	RT	AC	SATISFACTORY		Pass	No
05/28/2003	200039600	MI	AC	SATISFACTORY		Pass	No
04/03/2002	200025484	RT	AC	SATISFACTORY		Pass	No
08/09/2001	200018544	RT	AC	SATISFACTORY		Pass	No
03/03/2000	200004435	RT	AC	SATISFACTORY		Fail	Yes

Inspector Name: Sherman, Susan

03/01/2000	200004013	RT	AC	SATISFACTORY		Fail	Yes
09/01/1994	500158339		AC				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
107583	PIT		09/23/1999		-	WINN 1-22		<input type="checkbox"/>
150248	UIC DISPOSAL	AC	10/26/1988		-	WINN 1-22	AC	<input type="checkbox"/>
233478	WELL	SI	04/16/2015	DSPW	121-05521	WINN 1-22	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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY	Fix well number from 1-2 to 1-22.		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

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

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

Equipment:				
Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY	
Comment	shed, injection pump and REA pole at tank battery			
Corrective Action				Date:

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	39.786910,-103.181760
S/AR	SATISFACTORY		Comment: _____	
Corrective Action:				Corrective Date: _____

Paint	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate
Corrective Action				Corrective Date: _____
Comment				

Venting:	
Yes/No	_____
Comment	_____

Flaring:			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:			Correct Action Date: _____

Predrill

Location ID: 233478

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

S/AR: SATISFACTORY

Comment: No COAs.

CA: _____

Date: _____

Wildlife BMPs:

S/AR: _____

Comment: _____

CA: _____

Date: _____

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: 233478 Type: WELL API Number: 121-05521 Status: SI Insp. Status: AC

Producing Well

Comment: Well in operation per pumper. Check status update of well on COGCC Form 7s. Dec 2015 listed well as Shut In.

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: dryland

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

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

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 REVEGETATIONCropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Inspector Name: Sherman, Susan

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
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type: Produced Water Lined: NO Pit ID: _____ Lat: 39.787036 Long: -103.181390

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: Mesh Netting Condition: Good

Comment: _____

Anchor Trench Present: _____

Oil Accumulation: NO

2+ feet Freeboard: _____

Pit (S/A/V): SATISFACTOR

Comment: _____

Corrective Action: _____

Date: _____

COGCC Comments

Comment	User	Date
Corrective actions from inspection # 673711183 completed with 2 comments: 1) fix sign on tank battery to read Winn 1-22 instead of Winn 1-2, and 2) free on on pit from 2/29/2016 was removed and hole in netting was fixed as required.	ShermaSe	03/03/2016

Attached Documents

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

Document Num	Description	URL
673712780	HRM Winn 1-22	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3797519