

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:
08/12/2016
Document Number:
673713765
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

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

Operator Information:

OGCC Operator Number:	<u>10548</u>
Name of Operator:	<u>HRM RESOURCES II LLC</u>
Address:	<u>410 17TH STREET #1600</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</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
Hutson, L. Roger	(303) 893-6621	lrhutson@hrmres.com	
Prohaska, April	(303) 996-8697	aprohaska@hrmres.com	
Pape, Terry	(970) 768-5700	tpape@hrmres.com	

Compliance Summary:

QtrQtr: <u>SWNE</u> Sec: <u>22</u> Twp: <u>3S</u> Range: <u>52W</u>							
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/29/2016	673712760	SI	AC	SC			No
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	Pass		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	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
WELLHEAD	SATISFACTORY			
OTHER	SATISFACTORY	Sign at CR EE.		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Tanks and Berms:

New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	,
S/AR	Comment: _____			
Corrective Action: _____				Corrective Date: _____

Paint

Condition	_____
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

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:			Correct Action Date:

Predrill

Location ID: 233478

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: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -1 in Hg
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____
Inj Zone: JSND

TC: Pressure or inches of Hg 0

Previous Test Pressure _____ Last MIT: 07/23/2013

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTRReq: _____

Comment: SI since Jun 2015 when pump broke.

Method of Injection: PUMP 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:

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 corn

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? _____
 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
Compaction	Pass					

Inspector Name: Sherman, Susan

S/A/V: SATISFACTORY Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Routine UIC	ShermaSe	08/13/2016

Attached Documents

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

Document Num	Description	URL
673713765	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3927718
673713775	HRM Winn 1-22 Routine UIC	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3927715