

**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: |
| | 233478 | 316956 | Sherman, Susan | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10548Name of Operator: HRM RESOURCES II LLCAddress: 410 17TH STREET #1600City: 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 | |
| Prohaska, April | (303) 996-8697 | aprohaska@hrmres.com | |
| Pape, Terry | (970) 768-5700 | tpape@hrmres.com | |

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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 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 |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ 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 | |
|-----------|--|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Inspector Name: Sherman, Susan

| | | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|--|
| 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 RoutineInj./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 _____ AnnMTReq: _____

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 _____

Inspector Name: Sherman, Susan

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 |