

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:
08/15/2016
Document Number:
673713793

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>414257</u>	<u>414254</u>	<u>Sherman, Susan</u>	<input type="checkbox"/>	

Overall Inspection:
SATISFACTORY w/ CMT or AR

Operator Information:

OGCC Operator Number: 10112
Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC
Address: 16000 DALLAS PARKWAY #875
City: DALLAS State: TX Zip: 75248-

- 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
Foundation Energy		regulatory@foundationenergy.com	

Compliance Summary:

QtrQtr: NWSE Sec: 35 Twp: 1S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/10/2013	668600911	PR	PR	SATISFACTORY	Pass		No
12/22/2009	200225535	DG	DG	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
414257	WELL	PR	06/03/2010	GW	125-11719	ZUEGE 33-35	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: <u>1</u>
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
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			

Inspector Name: Sherman, Susan

OTHER	lease sign on CR Z
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Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS		Weeds around and inside location fence (see attached photo).		

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	steel panels		

Equipment:				
Type: Gas Meter Run	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment	box near wellhead, digital, ringing sound			
Corrective Action				Date:
Type: Vertical Separator	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment	partially buried			
Corrective Action				Date:
Type: Ancillary equipment	# 3	Satisfactory/Action Required: SATISFACTORY		
Comment	electric panel, solar panel, radio telemetry			
Corrective Action				Date:

Venting:	
Yes/No	
Comment	

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

Predrill			
Location ID:	<u>414257</u>		
Lease Road Adeq.:	_____	Pads:	_____
		Soil Stockpile:	_____
S/AR:	_____		
Corrective Action:	_____	Date:	_____
		CDP Num.:	_____

Form 2A COAs:

S/AR: SATISFACTORY **Comment:** No problems seen.

CA: **Date:** _____

Wildlife BMPs:

BMP Type	Comment
PROPOSED BMPs	<p>Noble Energy, Inc.</p> <p>Best Management Practices Summary</p> <p>Stormwater management plans (SWMP) are in place to address construction, drilling and operations associated with Oil & Gas development throughout the state of Colorado in accordance with Colorado Department of Public Health and Environment (CDPHE) General Permit No. COR- 039527. BMP's will be constructed and maintained prior to, or at the beginning of construction. BMP's used will vary according to the location and project phase and will be modified in accordance with the SWMP.</p> <p>Spill Prevention Control and Countermeasures (SPCC) plans are in place for production facilities regulated by CFR112.</p> <p>Housekeeping will consist of neat and orderly storage of materials and fluids. Wastes will be stored and disposed of in accordance with applicable regulations. If spills occur, prompt cleanup will be performed to minimize any commingling of waste materials with storm water runoff.</p> <p>Routine maintenance will be limited to fueling and lubrication of equipment. Drip pans will be used during routine fueling and maintenance to contain spills or leaks. Any waste product from maintenance will be containerized and transported offsite for disposal or recycling. There will be no major equipment overhauls conducted onsite. Equipment will be transported offsite for major overhauls. Cleanup of trash and discarded materials will be conducted at the end of each work day. Cleanup will consist of patrolling the roadway, access areas, and other work areas to pickup trash, scrap debris, other discarded materials, and any contaminated soil. These materials will be</p>

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:

Inspector Name: Sherman, Susan

Landman Name: _____	Phone Number: _____	
Date Onsite Request Received: _____	Date of Rule 306 Consultation: _____	
Request LGD Attendance: _____		
<u>LGD Contact Information:</u>		
Name: _____	Phone Number: _____	Agreed to Attend: _____
<u>Summary of Landowner Issues:</u>		

<u>Summary of Operator Response to Landowner Issues:</u>		

<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>		

Facility

Facility ID: 414257 Type: WELL API Number: 125-11719 Status: PR Insp. Status: PR

Producing Well

Comment: Casing production. Apr 2016 reported to COGCC database. 39 psi line pressure

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: IRRIGATED

Comment: irr 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: IRRIGATED

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

Inspector Name: Sherman, Susan

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTORY Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments		
Comment	User	Date
Mowing scheduled for 9/1/2016 per operator.	ShermaSe	08/16/2016

Attached Documents

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

Document Num	Description	URL
673713793	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3929810
673713813	Foundation Zuege 33-35	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3929763