

**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:

08/18/2016

Document Number:

684902030

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	318902	318902	Pesicka, Conor	2A Doc Num:	

Operator Information:OGCC Operator Number: 10575Name of Operator: 8 NORTH LLCAddress: 370 17TH STREET SUITE 5300City: 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
,		COGCCInspections@extracti onog.com	All Inspections inc 8 North, 7 North, XPR

Compliance Summary:QtrQtr: SWNW Sec: 8 Twp: 10N Range: 61W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
100037	PIT	CL	01/21/2011		-	JOSEY 12-8	CL	<input type="checkbox"/>
100038	PIT	CL	01/21/2011		-	JOSEY 12-8	CL	<input type="checkbox"/>
242415	WELL	PR	08/01/1994	OW	123-10206	JOSEY 12-8 (1)	SI	<input checked="" type="checkbox"/>
277203	PIT	CL	01/21/2011		-	JOSEY 12-8	CL	<input 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
BATTERY	ACTION REQUIRED	Sign is for prior operator	Install sign to comply with rule 210.	10/18/2016

Inspector Name: Pesicka, Conor

WELLHEAD	ACTION REQUIRED	Sign is for prior operator	Install sign to comply with rule 210.	10/18/2016
TANK LABELS/PLACARDS	ACTION REQUIRED	No contents on produced water tank	Install sign to comply with rule 210.	10/18/2016

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?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	barbed wire		
PUMP JACK	SATISFACTORY	barbed wire		
SEPARATOR	SATISFACTORY	barbed wire		

Equipment:

Type: Bird Protectors	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Pump Jack	# 1	Satisfactory/Action Required:	ACTION REQUIRED
Comment	Stained soil at wellhead		
Corrective Action	Remove or remediate stained soil; Securely fasten all valves, pipes, and fittings to ensure good mechanical condition per Rule 605.d.		Date: 9/19/2016
Type: Vertical Heater Treater	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Vertical Separator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	electric		
Corrective Action			Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Tanks and Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	PBV FIBERGLASS	40.850210,-104.237190
S/AR	SATISFACTORY	Comment:		

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Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition		Adequate				
Other (Content) _____						
Other (Capacity) 80bbl _____						
Other (Type) _____						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Corrective Action					Corrective Date	
Comment Shared with crude oil						
Tanks and Berms: <input type="checkbox"/> New Tank Tank ID: _____						
Contents	#	Capacity	Type	SE GPS		
PRODUCED WATER	1	300 BBLS	FIBERGLASS AST	40.850210,-104.237190		
S/AR	SATISFACTORY		Comment:			
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition		Adequate				
Other (Content) _____						
Other (Capacity) _____						
Other (Type) _____						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Corrective Action					Corrective Date	
Comment Shared with crude oil						
Tanks and Berms: <input type="checkbox"/> New Tank Tank ID: _____						
Contents	#	Capacity	Type	SE GPS		
CRUDE OIL	1	300 BBLS	STEEL AST	40.850210,-104.237190		
S/AR	ACTION REQUIRED		Comment: Stained soil at truck loadout.			
Corrective Action: Remove or remediate stained soil; Securely fasten all valves, pipes, and fittings to ensure good mechanical condition per Rule 605.d.					Corrective Date: 09/19/2016	
<u>Paint</u>						
Condition		Adequate				
Other (Content) _____						
Other (Capacity) _____						
Other (Type) _____						
<u>Berms</u>						
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	NO
Comment	

Flaring:

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

Predrill

Location ID: 318902

Lease Road Adeq.: Pads: Soil Stockpile:

S/AR:

Corrective Action: Date: CDP Num.:

Form 2A COAs:

S/AR: **Comment:**

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: 242415 Type: WELL API Number: 123-10206 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In☐ Temporarily Abandoned

Reminder: EQUIPMENT ONSITE

S/A/V: _____

CA Date: _____

CA: _____

Comment: **SI****BradenHead**Comment: **Bradenhead plumbed to surface.**

CA: _____

CA Date: _____

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): YComment: **off while SI**Pilot: OFF Wildlife Protection Devices (fired vessels): YES**Reclamation - Storm Water - Pit****Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

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 _____

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Guy line anchors marked? Pass

CM _____

CA _____

CA Date _____

1003b. Area no longer in use? In

Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass

Subsidence over on drill pit? Pass

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
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTORY Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
684902031	Sign is for prior operator	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3932479
684902032	Stained soil at wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3932480
684902033	Stained soil at truck loadout	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3932481
684902034	No contents on production tank	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3932482