

**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:

08/25/2016

Document Number:

679901819

Overall Inspection:

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

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 205724 | 320996 | Welsh, Brian | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10383Name of Operator: SOVEREIGN OPERATING COMPANY LLCAddress: 475 17TH STREET #1200City: 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 |
|------------------|--------------|-----------------------------|---------------|
| Gintautas, Peter | | peter.gintautas@state.co.us | |
| Crane, Rocky | 719-529-0682 | rockycrane@yahoo.com | Pumper (BACA) |
| Costa, Ryan | | ryan.costa@state.co.us | |

Compliance Summary:QtrQtr: SWSW Sec: 28 Twp: 31S Range: 42W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|------------|----------------|-----------------|
| 03/12/2015 | 678300129 | SI | EI | ACTION REQUIRED | | | No |
| 11/06/2012 | 663901927 | SI | TA | ALLEGED VIOLATION | Pass | | Yes |
| 04/12/2011 | 200308355 | MT | SI | ACTION REQUIRED | | | Yes |
| 03/15/2011 | 200302828 | PR | SI | ACTION REQUIRED | | | Yes |
| 08/09/2010 | 200266492 | PR | SI | ACTION REQUIRED | | | Yes |
| 04/03/2008 | 200129930 | PR | PR | SATISFACTORY | | | No |
| 01/03/2001 | 200012990 | PR | PR | SATISFACTORY | In Process | Pass | No |
| 01/18/2000 | 200003495 | PR | PR | SATISFACTORY | In Process | Pass | No |
| 03/11/1999 | 500135738 | PR | PR | | | Pass | No |
| 02/13/1998 | 500135737 | PR | PR | | | Fail | Yes |
| 06/26/1996 | 500135736 | PR | PR | | | Fail | Yes |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 114691 | PIT | | 09/23/1999 | | - | MURRAY "C" 1 | <input type="checkbox"/> |
| 205724 | WELL | PA | 08/08/2015 | GW | 009-06135 | MURRAY 'C' 1 | PA <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: Welsh, Brian

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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

Emergency Contact Number (S/AR): _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Venting:

| | |
|--------|--|
| Yes/No | |
|--------|--|

| | |
|---------|--|
| Comment | |
|---------|--|

Flaring:

| | | | |
|------|--|------------------------------|--|
| Type | | Satisfactory/Action Required | |
|------|--|------------------------------|--|

| | |
|----------|--|
| Comment: | |
|----------|--|

| | | | |
|--------------------|--|----------------------|--|
| Corrective Action: | | Correct Action Date: | |
|--------------------|--|----------------------|--|

Predrill

Location ID: 205724

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: 205724 Type: WELL API Number: 009-06135 Status: PA Insp. Status: PA

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 _____

Inspector Name: Welsh, Brian

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: _____

1003a. Waste and Debris removed? _____

CM _____

CA _____

CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____

CA Date _____

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

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:

Inspector Name: Welsh, Brian

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged Pass Pit mouse/rat holes, cellars backfilled Pass

Debris removed Pass No disturbance /Location never built _____

Access Roads Regraded In Contoured In Culverts removed In

Gravel removed In

Location and associated production facilities reclaimed In Locations, facilities, roads, recontoured In

Compaction alleviation In Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage In

Weeds present Pass Subsidence _____

Comment: Well was plugged 8/12/15. Location is ripped and ready for seeding. Continue reclamation process. Final reclamation will be verified by reclamation specialist.

Corrective Action: _____ Date _____

Overall Final Reclamation In Process 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

| Comment | User | Date |
|--|--------|------------|
| Unused equipment has been removed from location since previous inspection on 3/12/15. Water tank has been removed from location since previous inspection on 3/12/15. Follow up inspection will be performed by reclamation specialist | welshb | 08/26/2016 |