

**FORM  
INSP**

Rev  
X/15

**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:

05/25/2018

Submitted Date:

05/28/2018

Document Number:

688301874

**FIELD INSPECTION FORM**

Loc ID 322200 Inspector Name: Sherman, Susan On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

**Operator Information:**

OGCC Operator Number: 10454  
Name of Operator: PETROSHARE CORPORATION  
Address: 9635 MAROON CIRCLE #400  
City: ENGLEWOOD State: CO Zip: 80112

**Findings:**

15 Number of Comments  
2 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Burn, Diana		diana.burn@state.co.us	<a href="#">COGCC Engineering</a>
Powell, Harold	918-774-3120	hpowell@petrosharecorp.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
209676	WELL	SI	06/01/2015	OW	039-06581	UPRR E MILLER TRUST 44-17	SI

**General Comment:**

[Routine Inspection/MIT](#)

**Location**

Overall Good:

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	TANK BATTERY		
Comment:	barbed wire on pasture side		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	barbed wire		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Gas Meter Run	# 1		
Comment:	shed, antenna, solar panel		
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	labeled		
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		

Comment:	shed, bermed		Date:	
Corrective Action:			Date:	
Type: Deadman # & Marked	# 4			
Comment:			Date:	
Corrective Action:			Date:	
Type: Pump Jack	# 1			
Comment:	chemical container		Date:	
Corrective Action:			Date:	
Type: Prime Mover	# 1			
Comment:	gas engine		Date:	
Corrective Action:			Date:	
Type: Bird Protectors	# 2			
Comment:			Date:	
Corrective Action:			Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	OTHER	Open Top		,
Comment:	netting in place				
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	140 BBLs
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate
Comment:				
Corrective Action:				
				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:					Date:

**Venting:**

Yes/No			
Comment:			
Corrective Action:			Date:

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Location Construction**

Location ID: 209676 CDP: \_\_\_\_\_

Comment:

Corrective Action:  Date: \_\_\_\_\_

**Form 2A COAs:**

**Comment:** No COAs.

Corrective Action:  Date: \_\_\_\_\_

**Wildlife BMPs:**

**Comment:**

Corrective Action:  Date: \_\_\_\_\_

**Comment:**

**Corrective Action:**  Date: \_\_\_\_\_

**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:

**Inspected Facilities**

Facility ID: 209676 Type: WELL API Number: 039-06581 Status: SI Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: SI since Jun 2015. Form 42 MIT notice to be rescheduled.

Corrective Action: Contact dnr\_cogccengineering@state.co.us with resolution plan.

Date: 07/02/2018

**Reclamation - Storm Water - Pit**

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Fail					
Berms	Pass					at wellhead
Gravel	Pass	Gravel	Pass			

Comment: [Sheet/rill erosion starting at access road cattle guard and gas meter shed \(see attached photos\).](#)

Corrective Action: [Install or repair required BMPs per Rule 1002.f.](#)

Date: 06/29/2018

**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
688301900	Petroshare MPRR E Miller Trust 44-17	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4475848">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4475848</a>