

**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:

02/13/2019

Submitted Date:

02/18/2019

Document Number:

688303794**FIELD INSPECTION FORM**

Loc ID 311868 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10702Name of Operator: VALKYRIE RESOURCES LLCAddress: 1385 S MARION STREETCity: DENVER State: CO Zip: 80210**Status Summary:**

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

**Findings:**7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM  
PREVIOUS INSPECTIONS THAT HAVE NOT  
BEEN ADDRESSED ARE STILL APPLICABLE**

**Contact Information:**

| Contact Name      | Phone        | Email                               | Comment         |
|-------------------|--------------|-------------------------------------|-----------------|
| Whittington, John | 720-580-8080 | jwhittington@valkyrie-Resources.com | Principal Agent |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 233397      | WELL | PR     | 08/01/2017  | OW         | 121-05435 | JONES J W 1   | PR          |

**General Comment:**

Routine Inspection

New operators shall update signs within sixty (60) days after change of operator approval is received from the Commission (1/18/2019 approval date).

**Location**Overall Good: ☒**Signs/Marker:**

|                    |            |       |  |
|--------------------|------------|-------|--|
| Type               | CONTAINERS |       |  |
| Comment:           |            |       |  |
| Corrective Action: |            | Date: |  |
| Type               | WELLHEAD   |       |  |
| Comment:           |            |       |  |
| Corrective Action: |            | Date: |  |

Emergency Contact Number:

Comment: Called Saga number on the sign and they were able to get me a number.Corrective Action:  Date: Overall Good: ☐**Spills:**

|      |      |        |  |  |
|------|------|--------|--|--|
| Type | Area | Volume |  |  |
|------|------|--------|--|--|

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

|                          |     |       |                 |
|--------------------------|-----|-------|-----------------|
| Type: Deadman # & Marked | # 4 |       | corrective date |
| Comment:                 |     |       |                 |
| Corrective Action:       |     | Date: |                 |
| Type: Submersible Pump   | # 1 |       |                 |
| Comment:                 |     |       |                 |
| Corrective Action:       |     | Date: |                 |

**Tanks and Berms:**

|                    |   |          |                     |         |        |
|--------------------|---|----------|---------------------|---------|--------|
| Contents           | # | Capacity | Type                | Tank ID | SE GPS |
|                    |   |          | CENTRALIZED BATTERY |         | ,      |
| Comment:           |   |          |                     |         |        |
| Corrective Action: |   |          |                     |         | Date:  |

**Paint**

|                  |  |
|------------------|--|
| Condition        |  |
| Other (Content)  |  |
| Other (Capacity) |  |
| Other (Type)     |  |

**Berms**

|          |          |                     |                     |             |
|----------|----------|---------------------|---------------------|-------------|
| Type     | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|          |          |                     |                     |             |
| Comment: |          |                     |                     |             |

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

**Venting:**

|                    |  |       |  |
|--------------------|--|-------|--|
| Yes/No             |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Flaring:**

|                    |  |       |
|--------------------|--|-------|
| Type               |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

**Location Construction**

Location ID: 233397 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: 233397 Type: WELL API Number: 121-05435 Status: PR Insp. Status: PR**Producing Well**Comment: [PR. Sep 2018 production last reported to COGCC database. Update Form 7's to COGCC Denver.](#)

Corrective Action:

Date:

**Reclamation - Storm Water - Pit****Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

Comment: Plugs on pipe ends.

Corrective Action:

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

**Pits:** ☐ NO SURFACE INDICATION OF PITType: BlowdownLined: NO

Pit ID:

Lat:

Long:

Reference Point: \_\_\_\_\_

Other: \_\_\_\_\_

Length: \_\_\_\_\_

Width: \_\_\_\_\_

**Lining:**

Liner Type:

Liner Condition:

Comment:

Corrective Action

Date:

**Fencing:**Fencing Type: None

Fencing Condition:

Comment:

Corrective Action

Date:

**Netting:**

Netting Type:

Netting Condition:

Comment:

Corrective Action

Date:

Anchor Trench Present:

Oil Accumulation: NO2+ feet Freeboard: YESComment: empty, looks like pit and separator should be with well Jones J W 3

Corrective Action

Date:

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

| Document Num | Description          | URL   |
|--------------|----------------------|---|
| 688303886    | Valdyrie Jones J W 1 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4737833">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4737833</a> |