

**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:

06/11/2019

Submitted Date:

06/25/2019

Document Number:

689802853**FIELD INSPECTION FORM**Loc ID 313420 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10407Name of Operator: ANTLER ENERGY LLCAddress: PO BOX 104City: BAGGS State: WY Zip: 82321**Status Summary:**

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

Findings:8 Number of Comments5 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
Evans, Clay		antlerenergy@yahoo.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
223626	WELL	PR	01/01/1985	GW	081-60067	POLE GULCH UNIT 2	SI

General Comment:**COGCC Inspection Report 689802853 Summary**

On Tuesday 6/11/2019 at approximately 11:45, I, Inspector Emily Waldron, conducted a field inspection at Antler Energy LLC Pole Gulch Unit 2 at 05-081-60067 in Moffat County Colorado.

While there, I observed a shut-in well.

During this inspection the following possible compliance issues were observed:

No capacity on tank labels, see photos 3 and 4. Install sign to comply with Rule 210.d by 7/25/2019.

Annual weeds around wellhead and entire location, see photos 1, 2, and 5. Comply with Rule 603.f, by 7/9/2019.

Fenced landfarm area adjacent to pit, see photo 6. E&P Waste not properly stored, handled, transported, treated, recycled, or disposed per Rule 907. Contact COGCC EPS staff by 7/18/2018.

No pit ID on file. Submit an eForm 15 Pit Report to update COGCC records with current information by 6/24/2017.

Produced volumes are required to be reported accurately from the wellhead meter every month, and the form 7 reporting does not reflect that accurate measurement. Submit required Form 7(s) to COGCC per rule 309, please contact Teri Ikenouye (production supervisor) to discuss reporting parameters by 8/16/2018.

A follow up on this site inspection will be conducted to ensure the compliance issues have been corrected to comply with COGCC rules.

This is a summary of inspection report 689802853.

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	No capacity on tank labels.		
Corrective Action:	Install sign to comply with Rule 210.d.	Date:	07/25/2019

Emergency Contact Number:

Comment: 307-380-7616

Corrective Action:

Date: _____

Good Housekeeping:

Type	WEEDS		
Comment:	Annual weeds around wellhead and entire location.		
Corrective Action:	Comply with Rule 603.f .	Date:	07/09/2019

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	
Type	LOCATION		
Comment:			
Corrective Action:		Date:	
Type	PIT		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bird Protectors	#		
Comment:			
Corrective Action:		Date:	

Type: Horizontal Heater Treater	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	1				,	
Comment:						
Corrective Action:						Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate			Adequate		
Comment:						
Corrective Action:					Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	1		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			Adequate	
Comment:					
Corrective Action:					Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	223626	Type:	WELL	API Number:	081-60067	Status:	PR	Insp. Status:	SI
Idle Well									
Purpose: <input type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: Produced volumes are required to be reported accurately from the wellhead meter every month, and the form 7 reporting does not reflect that accurate measurement.									
Corrective Action: Submit required Form 7(s) to COGCC per rule 309. Please contact Teri Ikenouye (production supervisor) to discuss reporting parameters.									
Date: 08/16/2018									

Environmental**Waste Management:**

Type	Management	Condition	GPS (Lat) (Long)		
Oily Soil	Land Treatment	Inadequate	40.999620	-107.731800	
Comment	Fenced landfarm area adjacent to pit.				
Corrective Action	E&P Waste not properly stored, handled, transported, treated, recycled, or disposed per Rule 907. Contact COGCC EPS staff.				Date: <u>07/18/2018</u>

Spill/Remediation:

Comment:

Corrective Action: Date:

Emission Control Burner (ECB): Comment: Pilot: Wildlife Protection Devices (fired vessels):

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: No apparent soil migration; erosion or soil movement.

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Type:	Lined:	Pit ID:	Lat: <u>40.999560</u>	Long: <u>-107.731750</u>
-------	--------	---------	-----------------------	--------------------------

Reference Point: _____	Other: _____	Length: _____	Width: _____
------------------------	--------------	---------------	--------------

Lining:

Liner Type: _____ Liner Condition: _____

Comment:

Corrective Action

Date:

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment:

Corrective Action

Date:

Netting:

Netting Type: _____ Netting Condition: _____

Comment:

Corrective Action

Date:

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Comment: No pit ID on file.

Corrective Action

Date: 06/24/2017**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
402087732	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4861121
689802855	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4861116