

**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:

11/20/2019

Submitted Date:

11/30/2019

Document Number:

688306366

FIELD INSPECTION FORMLoc ID 433780 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 96340

Name of Operator: WIEPKING-FULLERTON ENERGY LLC

Address: 106 GLENMOOR LN

City: ENGLEWOOD State: CO Zip: 80113

Status Summary:

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

Findings:

12 Number of Comments

0 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
Herian, Tim	(316) 655-9200	therian1@cox.net	All Inspections
Shalberg, Greg	(719) 688-3547	gregshalberg@aol.com	
Boone, Linda	(720) 271-8605	LDBoonePar@aol.com	All Inspections
Halde, Kerry	(719) 340-0329	haldeoil@hotmail.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
433781	WELL	SI	09/01/2019	OW	073-06548	Nemesis 2	SI

General Comment:

Routine Inspection

Document #400710606 04 -00 -VENT_FLARE APPROVED 10/17/2014. Check on annual update requirement and if needed.

LocationOverall Good: ☒

Signs/Marker:			
Type	OTHER		
Comment:	AIRS Permit (at tank battery, missing from well engine), grounding and safety signs		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 719-340-0329

Corrective Action:

Date: _____

Good Housekeeping:

Type	OTHER		
Comment:	Pumper was called on 11/20/2019 about the chemical container condition.		
Corrective Action:		Date:	

Overall Good: ☐

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

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

Type	LOCATION		
Comment:	barbed wire, mowed, good vegetation		
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		

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

Equipment:			corrective date
Type: Pump Jack	# 1		
Comment:	chemical container		
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	gas engine, propane		
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 4		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLS	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Comment:		same earth berms as crude oil tanks					
Corrective Action:						Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS		
CRUDE OIL	3	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	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 433781 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: No problems seen.

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 FacilitiesFacility ID: 433781 Type: WELL API Number: 073-06548 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: _____

Corrective Action: _____

Date: _____

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

Document Num	Description	URL
688306398	Wiepking-Fullerton Nemesis 2	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5000857