

**FORM
INSP**Rev
X/20**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:

07/01/2021

Submitted Date:

07/06/2021

Document Number:

688310756**FIELD INSPECTION FORM**Loc ID 317071 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10690Name of Operator: IMPETRO RESOURCES LLCAddress: 2820 LOGAN DRIVECity: LOVELAND State: CO Zip: 80538**Status Summary:**

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

Findings:10 Number of Comments1 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 |
|--------------|--------------|----------------------------|-----------------|
| Gibson, Rick | 970-768-6880 | rtgibson01@msn.com | |
| Bradley, Sam | 970-593-8626 | sbradley.impetro@gmail.com | Principal Agent |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 235731 | WELL | PR | 04/07/1969 | OW | 121-08221 | ROBBINS A1 | PR |

General Comment:

High Priority Inspection

None of my photos of the tank battery came out.

Stained soil at wellhead and engine muffler.

Location

Overall Good: ☒

| | | | |
|----------------------|----------------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | CONTAINERS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

| | | | |
|--------------------|-----------------------------------------------------------------------------------------------------------|-------|------------|
| Type | OTHER | | |
| Comment: | Stained soil at wellhead and engine muffler (see attached photos). | | |
| Corrective Action: | "For localized stained soils or oily waste - ""Properly dispose of oily waste in accordance with 905.e."" | Date: | 07/28/2021 |

Overall Good: ☐

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|--------------------|-----------|-------|--|
| Fencing/: | | | |
| Type | PUMP JACK | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|-------------------------------|-----------------------|--|-----------------|
| Equipment: | | | corrective date |
| Type: Vertical Heater Treater | # 1 | | |
| Comment: | propane, shed, bermed | | |

| | | | |
|-----------------------|-------------------------------------------------------------|-------|--|
| Corrective Action: | | Date: | |
| Type: Bradenhead | # 1 | | |
| Comment: | Form 17 is required to be completed and submitted annually. | | |
| Corrective Action: | | Date: | |
| Type: Prime Mover | # 1 | | |
| Comment: | propane | | |
| Corrective Action: | | Date: | |
| Type: Pump Jack | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bird Protectors | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|-------------------------------------------|----------|----------|---------|--------|
| PRODUCED WATER | 1 | | Open Top | | , |
| Comment: | check that pipe ends have bird protectors | | | | |
| Corrective Action: | | | | | Date: |

Paint

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

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|--------|
| CRUDE OIL | 3 | 300 BBLS | STEEL AST | | , |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

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

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | | | |

| | | | |
|------------------------------------------------|----|----------------------|-------|
| Comment: | | | |
| Corrective Action: | | | Date: |
| <u>Wells Served By Facilities Above</u> | | | |
| <u>API Number</u> | | <u>AirsID</u> | |
| 121-08221 | | | |
| <u>Venting:</u> | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| <u>Flaring:</u> | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Location Construction

Location ID: 235731 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: 235731 | Type: WELL | API Number: 121-08221 | Status: PR |
| Insp. Status: PR | | | |
| Producing Well | | | |
| Comment: | PR 4/1/2021 production reported to COGCC database. | | |
| 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: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NOPit ID: Lat: Long: Reference Point: Other: Length: Width: **Lining:**Liner Type: Liner Condition: Comment: Corrective Action: Date: **Fencing:**Fencing Type: LivestockFencing Condition: Comment: on pasture sides of pitCorrective Action: Date: **Netting:**Netting Type: Netting Condition: Comment: Corrective Action: Date: Anchor Trench Present: Oil Accumulation: NO2+ feet Freeboard: YESComment: 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 |
|--------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 688310791 | IMPETRO, Robbins A1 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5472988 |