

FORM  
INSPRev  
X/20State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

06/24/2022

Submitted Date:

06/27/2022

Document Number:

702500121

## FIELD INSPECTION FORM

 Loc ID 333339 Inspector Name: Klink, Alex On-Site Inspection  2A Doc Num:
**Operator Information:**
 OGCC Operator Number: 10755  
 Name of Operator: MORNINGSTAR OPERATING LLC  
 Address: 400 W 7TH ST  
 City: FORT WORTH State: TX Zip: 76102
**Status Summary:**

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

**Findings:**

- 16 Number of Comments
- 3 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                  |
|------------------|-------|-----------------------------|--------------------------|
| Labowskie, Steve |       | steve.labowskie@state.co.us |                          |
| Kittinger, Eric  |       | ekittinger@mspartners.com   | All SW field inspections |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 298         | WELL | PR     | 03/17/2010  | GW         | 067-09494 | PADGETT 32-6 4-3 | PR          |
| 273775      | WELL | PR     | 01/05/2005  | CBM        | 067-08976 | PADGETT 32-6 4-1 | PR          |

**General Comment:**

Inspector Alex Klink on site to conduct routine inspection. Any corrective actions from previous inspections are still applicable. See link at end of report for inspection photos.

| <b>Location</b>  |   |                 |                         |
|--|---|-----------------|-------------------------|
| Overall Good: <input type="checkbox"/>                 |   |                 |                         |
| <b>Signs/Marker:</b>                                   |   |                 |                         |
| Type   | TANK LABELS/PLACARDS  |                 |                         |
| Comment:   | Produced water tank NFPA signs are deteriorating and capacity is not legible (IMG 07 and IMG 08).           |                 |                         |
| Corrective Action:                                     | Install sign to comply with Rule 605.h.   |                 | Date: <u>07/24/2022</u> |
| Emergency Contact Number:                              |   |                 |                         |
| Comment:   | <input type="text" value="Emergency contact listed on well sign: 505-333-4869"/>                            |                 |                         |
| Corrective Action:                                     | <input type="text"/>  |                 | Date: _____             |
| <b>Good Housekeeping:</b>                              |   |                 |                         |
| Type   | UNUSED EQUIPMENT  |                 |                         |
| Comment:   | Unused equipment near #4-3 wellhead (IMG 06). Unused equipment/debris near separator house (IMG 09).        |                 |                         |
| Corrective Action:                                     | Use or remove unused equipment per rule 606.  |                 | Date: <u>07/09/2022</u> |
| Overall Good: <input type="checkbox"/>                 |   |                 |                         |
| <b>Spills:</b>   |   |                 |                         |
| Type   | Area  | Volume          |                         |
| In Containment: No                                     |   |                 |                         |
| Comment:   | <input type="text"/>  |                 |                         |
| <input type="checkbox"/> Multiple Spills and Releases? |   |                 |                         |
| <b>Fencing/:</b>                                       |   |                 |                         |
| Type   | OTHER   |                 |                         |
| Comment:   | Produced water tanks enclosed by wire fence.  |                 |                         |
| Corrective Action:                                     |   |                 | Date:                   |
| <b>Equipment:</b>                                      |   |                 |                         |
| Type: Ancillary equipment                              | # 6   | corrective date |                         |
| Comment:   | Telemetry, pump control panel, electric meter, electric panel, electric cabinet, produced water pump house. |                 |                         |
| Corrective Action:                                     |   |                 | Date:                   |
| Type: Deadman # & Marked                               | # 6   |                 |                         |
| Comment:   | 3 rig anchors marked properly.<br>3 rig anchors with markers less than 4' (IMG 04 and 05).                  |                 |                         |
| Corrective Action:                                     | Install proper guy line markers per Rule 1003.a   |                 | Date: <u>07/09/2022</u> |
| Type: Bird Protectors                                  | # 4   |                 |                         |
| Comment:   | Separators and tanks have vent stacks screened properly.  |                 |                         |
| Corrective Action:                                     |   |                 | Date:                   |
| Type: Pump Jack  | # 2   |                 |                         |
| Comment:   |   |                 |                         |
| Corrective Action:                                     |   |                 | Date:                   |
| Type: Bradenhead                                       | # 2   |                 |                         |

|   |      |       |
|---|------|-------|
| Comment: Bradenheads are accessible.  |      | Date: |
| Corrective Action:  |      | Date: |
| Type: Vertical Heated Separator   | # 2  |       |
| Comment:  |      | Date: |
| Corrective Action:  |      | Date: |
| Type: Prime Mover   | # 1  |       |
| Comment: Electric   |      | Date: |
| Corrective Action:  |      | Date: |
| Type: Gas Meter Run   | # 2  |       |
| Comment: Gas meter calibration is up to date.   |      | Date: |
| Corrective Action:  |      | Date: |
| Type: Flow Line   | # 15 |       |
| Comment: In use: 1" line at produced water tanks, 2 2" lines from wellhead to separator, 2 4" lines from separator to gas meter run, 2 2" line and 2 1" line from separator to produced water, 2 3" lines from gas meter run to off location.<br><br>Not in use: 2 1" lines at wellheads and 2 2" lines at wellheads. These lines are properly locked and tagged out. |      | Date: |
| Corrective Action:  |      | Date: |

**Tanks and Berms:**

| Contents   | # | Capacity | Type      | Tank ID | SE GPS                |
|--|---|----------|-----------|---------|-----------------------|
| PRODUCED WATER   | 2 | 400 BBLs | STEEL AST |         | 37.042320,-107.509404 |
| Comment: 2 above ground produced water tanks, each 400 bbl capacity. |   |          |           |         | Date:                 |
| Corrective Action:   |   |          |           |         | Date:                 |

**Paint**

|                  |                |
|------------------|----------------|
| Condition        | Adequate       |
| Other (Content)  | Produced water |
| Other (Capacity) | 400 bbl each   |
| Other (Type)     |                |

**Berms**

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

**Venting:**

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

**Flaring:**

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

**Inspected Facilities**

Facility ID: 298 Type: WELL API Number: 067-09494 Status: PR Insp. Status: PR

**Producing Well**

Comment: Well free flowing at time of inspection, pump jack not in use.

Corrective Action:

Date:

Facility ID: 273775 Type: WELL API Number: 067-08976 Status: PR Insp. Status: PR

**Producing Well**

Comment:

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Slope Roughening | Pass            |                         |                       |               |                          |         |
|                  |                 | Gravel                  | Pass                  |               |                          |         |
| Compaction       | Pass            |                         |                       |               |                          |         |
|                  |                 | Culverts                | Pass                  |               |                          |         |
|                  |                 | Ditches                 | Pass                  |               |                          |         |
| Gravel           | Pass            |                         |                       |               |                          |         |
|                  |                 | Compaction              | Pass                  |               |                          |         |
| Ditches          | Pass            |                         |                       |               |                          |         |

Comment: No observed impact of storm water. Storm water controls seem sufficient at time of report.

Corrective Action:

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

**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   |
|--------------|----------------------|---|
| 403089958    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5789570">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5789570</a> |
| 702500122    | photo doc            | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5789566">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5789566</a> |