

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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Inspection Date:
05/18/2015

Document Number:
673710420

Overall Inspection:

ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>204569</u>	<u>320705</u>	<u>Sherman, Susan</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10292</u>
Name of Operator:	<u>THREE FORKS RESOURCES LLC</u>
Address:	<u>1515 WAZEE STREET - SUITE #350</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Condill, J.B.	(303) 680-4725	jbcbrog@aol.com	All Inspections
Espinosa, Bill	(303) 829-4982	billespinosa30@yahoo.com	
Ingve, Ed	(303) 680-4725	ed@renegadeoilandgas.com	All Inspections

Compliance Summary:

QtrQtr: SWNE Sec: 29 Twp: 5S Range: 64W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/16/2005	200082422	PR	PR	SATISFACTORY		Pass	No
12/28/1995	500134598	PR	PR			Pass	No
08/30/1995	500134597	PR	PR			Pass	No
04/13/1995	500134596	PR	PR				

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
110628	PIT	AC	09/23/1999		-	STATE OF COLORADO "AA"	AC <input type="checkbox"/>
204569	WELL	PR	10/20/1997	GW	005-06654	STATE OF COLORADO 'AA' 1	PR <input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location					
Lease Road:					
Type	Satisfactory/Action Required	comment	Corrective Action	Date	
Access		erosion			
Signs/Marker:					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	
TANK LABELS/PLACARDS	ACTION REQUIRED	PFBF tank, no quantity or NFPA labels	Install sign to comply with rule 210.	07/01/2015	
BATTERY	SATISFACTORY				
WELLHEAD	SATISFACTORY				
Emergency Contact Number (S/A/V): <u>SATISFACTORY</u>			Corrective Date: _____		
Comment: _____					
Corrective Action: _____					
Good Housekeeping:					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	
WEEDS		a few thistles on location otherwise vegetation on location is good			
Spills:					
Type	Area	Volume	Corrective action	CA Date	
<input type="checkbox"/> Multiple Spills and Releases?					
Fencing/:					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	
WELLHEAD	SATISFACTORY	steel panels			
Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	4	SATISFACTORY	gas scrubber, motor valve, automation box, solar panel @ wellhead		
Deadman # & Marked	4	SATISFACTORY			
Plunger Lift	1	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY	GPS 39.58878, - 104.573628		
Horizontal Heated Separator	1	SATISFACTORY	bird protector, berm GPS 39.58867, - 104.57386		
Bird Protectors	2	ACTION REQUIRED		Bird protectors needed on tank smokestack and fiberglass tank stack.	07/01/2015
Facilities: <input type="checkbox"/> New Tank Tank ID: _____					

Inspector Name: Sherman, Susan

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	400 BBLS	STEEL AST	39.588870,-104.573920

S/A/V:	SATISFACTORY	Comment:	
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Corrective Action:		Corrective Date:	
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Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment	See attached photos of pipe leading from tank berms to field-remove.
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Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	BV FIBERGLASS	,

S/A/V:		Comment:	same berms as crude oil tank
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Corrective Action:		Corrective Date:	
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Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 204569

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AV: SATISFACTORY **Comment:** No COAs.

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

Comment: _____

Staking:

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:

Facility

Facility ID: 204569 Type: WELL API Number: 005-06654 Status: PR Insp. Status: PR

Producing Well

Comment: PR. Dec 2014 reported to COGCC database. Update production data.

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: rangeland, Fondis-Colby silt loam soil type

- 1003a. Debris removed? Pass CM _____
CA _____ CA Date _____
- Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
- Unused or unneeded equipment onsite? Pass CM _____
CA _____ CA Date _____
- Pit, cellars, rat holes and other bores closed? Pass CM _____
CA _____ CA Date _____
- Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
- Guy line anchors marked? Pass CM _____
CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Fail	Compaction	Pass	MHSP	Pass	
Gravel	Pass					

S/A/V: SATISFACTOR Corrective Date: 07/01/2015

Comment: See attached photo of erosion rills at the tank battery.

CA: Install stormwater BMPs to prevent site degradation and offsite sediment transport.

Pits: NO SURFACE INDICATION OF PIT

Pit Type: Produced Water Lined: _____ Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

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

Pit (S/A/V): _____ Comment: Contacted operator on pit closure paperwork. It is in process.

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
673710449	Renegade State of CO AA1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3611760

ACTION REQUIRED

ANY ACTION REQUIRED items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)