

**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



Inspection Date:  
07/21/2016  
Document Number:  
685500192  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 202592      | 320096 | MONTOYA, JOHN   | <input type="checkbox"/> |             |

**Operator Information:**

OGCC Operator Number: 10548  
Name of Operator: HRM RESOURCES II LLC  
Address: 410 17TH STREET #1600  
City: DENVER State: CO Zip: 80202

- 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         |
|--------------|--------------|------------------|-----------------|
| Pape, Terry  | 303-893-6621 | tpape@hrmres.com | All Inspections |

**Compliance Summary:**

QtrQtr: SWSW Sec: 4 Twp: 1S Range: 64W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/19/2016 | 682400650 | PR         | RI          | AR                            |          |                | No              |
| 01/13/2016 | 671106120 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 07/17/2013 | 668300549 | PR         | SI          | SATISFACTORY                  | P        |                | No              |
| 05/29/2013 | 668300267 | PR         | SI          | <b>ACTION REQUIRED</b>        | P        |                | No              |
| 11/23/2005 | 200080654 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 102040      | PIT  | CL     | 09/23/1999  |            | -         | TERRI 14-4    | CL <input type="checkbox"/>            |
| 113750      | PIT  |        | 09/23/1999  |            | -         | TERRI 1       | <input type="checkbox"/>               |
| 202592      | WELL | PR     | 11/18/1981  | GW         | 001-07997 | TERRI 14-4    | 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**

| <b>Lease Road:</b> |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
| Main               | SATISFACTORY                 |         |                   |      |

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| CONTAINERS           | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

| <b>Spills:</b>   |      |        |                   |         |
|--|------|--------|-------------------|---------|
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                              |   |                   |         |
|------------------|------------------------------|---|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment   | Corrective Action | CA Date |
| WELLHEAD         | SATISFACTORY                 | 2" PIPE FENCESE<br>CORNERN39.59242<br>W-104.33807 |                   |         |

| <b>Equipment:</b>             |                                       |                               |              |       |  |
|-------------------------------|---------------------------------------|-------------------------------|--------------|-------|--|
| Type: Bird Protectors         | # 2                                   | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                       |                                       |                               |              |       |  |
| Corrective Action             |                                       |                               |              | Date: |  |
| Type: Emission Control Device | # 1                                   | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                       | SE CORNER<br>N39.5917<br>W-104.33496  |                               |              |       |  |
| Corrective Action             |                                       |                               |              | Date: |  |
| Type: Plunger Lift            | # 1                                   | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                       |                                       |                               |              |       |  |
| Corrective Action             |                                       |                               |              | Date: |  |
| Type: Gas Meter Run           | # 1                                   | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                       | SE CORNER<br>N39.59157<br>W-104.33496 |                               |              |       |  |

|                                   |                                       |  |
|-----------------------------------|---------------------------------------|--|
| Corrective Action                 |                                       | Date:                                      |
| Type: Horizontal Heated Separator | # 1                                   | Satisfactory/Action Required: SATISFACTORY |
| Comment                           | SE CORNER<br>N39.59157<br>W-104.33496 |  |
| Corrective Action                 |                                       | Date:                                      |

**Facilities:**       New Tank      Tank ID: \_\_\_\_\_

| Contents           | #            | Capacity | Type      | SE GPS                |
|--------------------|--------------|----------|-----------|-----------------------|
| CRUDE OIL          | 1            | 300 BBLS | STEEL AST | 39.591550,-104.335090 |
| S/AR               | SATISFACTORY |          | Comment:  |                       |
| Corrective Action: |              |          |           | Corrective Date:      |

Paint

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

Berms

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

**Facilities:**       New Tank      Tank ID: \_\_\_\_\_

| Contents           | #            | Capacity | Type                                     | SE GPS           |
|--------------------|--------------|----------|--|------------------|
| PRODUCED WATER     | 1            | <50 BBLS | CONCRETE SUMP/VAULT                      | ,                |
| S/AR               | SATISFACTORY |          | Comment: CONCRETE VAULT CAPACITY 48 BBLS |                  |
| Corrective Action: |              |          |  | Corrective Date: |

Paint

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

Berms

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

**Venting:**

|         |    |
|---------|----|
| Yes/No  | NO |
| Comment |    |

**Flaring:**

|                    |                   |                              |                     |
|--------------------|-------------------|------------------------------|---------------------|
| Type               | Ignitor/Combustor | Satisfactory/Action Required | <b>SATISFACTORY</b> |
| Comment:           |                   |                              |                     |
| Corrective Action: |                   | Correct Action Date:         |                     |

**Predrill**

Location ID: 202592  
 Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_  
 S/AR: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

S/AR: \_\_\_\_\_ Comment:   
 CA:  Date: \_\_\_\_\_

**Wildlife BMPs:**

S/AR: \_\_\_\_\_ Comment:   
 CA:  Date: \_\_\_\_\_

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: 202592 Type: WELL API Number: 001-07997 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

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

**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:**

Lat \_\_\_\_\_ Long \_\_\_\_\_  
DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_

**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: \_\_\_\_\_  
1003a. Waste and Debris removed? 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 marked? \_\_\_\_\_  
CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? Pass  
1003c. Compacted areas have been cross ripped? \_\_\_\_\_  
1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass  
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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms            | Pass            |                         |                       |               |                          |         |
| Gravel           | Pass            | Gravel                  |                       |               |                          |         |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment   | User     | Date       |
|---|----------|------------|
| INTERMITTER CONTROLLER ON WELLHEAD DOCUMENT # 682400650 DATED 4/19/16, EROSION CONTROL HAS BEEN TAKEN CARE OF | montoyaj | 07/21/2016 |