

**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:

03/27/2018

Submitted Date:

04/04/2018

Document Number:

689801000**FIELD INSPECTION FORM**Loc ID 312965 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 10407Name of Operator: ANTLER ENERGY LLCAddress: PO BOX 104City: BAGGS State: WY Zip: 82321**Status Summary:**

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

**Findings:**12 Number of Comments5 Number of Corrective Actions

- ☒ Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Evans, Clay		antlerenergy@yahoo.com	
Ikenouye, Teri		teri.ikenouye@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
223052	WELL	PR	08/01/2015	GW	081-06414	USA AMOCO A-A 1	SI

**General Comment:**

[Routine FIU follow up inspection. Follow up to inspection from 6/27/2016 document number 673403306.](#)

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:	Sign or label not posted or information inaccurate on tanks or containers. Previous operator on tank labels.		
Corrective Action:	Install sign to comply with Rule 210.d.	Date:	02/27/2015
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:	Sign not posted or information inaccurate at well(s) or battery. Battery sign at lease road turn off, location not visible from battery sign.		
Corrective Action:	Install sign to comply with Rule 210.b.	Date:	05/04/2018

Emergency Contact Number:

Comment: 307-380-7616

Corrective Action:

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

Overall Good: ☐

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	40.89693, -108.30415		
Corrective Action:		Date:	
Type: Horizontal Heater Treater	# 1		
Comment:	40.89693, -108.30415		
Corrective Action:		Date:	
Type: Bird Protectors	#		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 2		
Comment:	40.89728, -108.30344		
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	400 BBLs	PBV STEEL		40.897440,-108.303940
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate			Inadequate
Comment: Vegetation growing on and in berm.				
Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).				Date: 12/17/2015

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	400 BBLs	STEEL AST		40.897230,-108.302630
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate			Inadequate
Comment: Vegetation growing on and in berm.				
Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).				Date: 12/17/2015

**Venting:**

Yes/No	NO
Comment:	
Corrective Action:	Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities									
Facility ID:	223052	Type:	WELL	API Number:	081-06414	Status:	PR	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____									
Comment: Produced volumes are required to be reported accurately from the wellhead meter every month, and the form 7 reporting does not reflect that accurate measurement.									
Corrective Action: Comply with rule 309. Please contact Teri Ikenouye (production supervisor) to discuss reporting parameters.									
Date: 05/04/2018									

**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: <input type="text" value="No apparent soil migration; erosion or soil movement."/>						Date: _____
Corrective Action: <input type="text"/>						
<b>Pits:</b> <input type="checkbox"/> NO SURFACE INDICATION OF PIT						

**COGCC Comments**

Comment	User	Date
Follow up to inspection from 6/27/2016 document number 673403306. All corrective actions remain outstanding.	waldrone	04/04/2018

**Attached Documents**

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

Document Num	Description	URL
401596795	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4424546">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4424546</a>
689801001	Inspection Photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4424530">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4424530</a>