

**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:

01/04/2019

Submitted Date:

01/04/2019

Document Number:

680304442**FIELD INSPECTION FORM**Loc ID 314115 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 10704Name of Operator: FORTIGEN RESOURCES LLCAddress: 1165 DELAWARE STREET #160City: DENVER State: CO Zip: 80204**Status Summary:**

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

**Findings:**6 Number of Comments0 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 |
|--------------|----------------------------------|-----------------------|---------|
| ,            | (303) 748-3732<br>(402) 997-7537 | wf.hayworth@gmail.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 295202      | WELL | SI     | 02/01/2017  | GW         | 095-06207 | MURRAY 943-34-11 | SI          |

**General Comment:**Follow-up FIR Doc#680001638 - CA's have been performed - SATISFACTORY

**Location**

|                    |                                    |       |  |
|--------------------|------------------------------------|-------|--|
| <b>Lease Road:</b> |                                    |       |  |
| Type               | Access                             |       |  |
| comment:           | Cropland trail - w/seasonal access |       |  |
| Corrective Action  | L                                  | Date: |  |

Overall Good: ☐

|                      |              |       |  |
|----------------------|--------------|-------|--|
| <b>Signs/Marker:</b> |              |       |  |
| Type                 | WELLHEAD     |       |  |
| Comment:             | Satisfactory |       |  |
| Corrective Action:   |              | Date: |  |

Emergency Contact Number:

Comment: Satisfactory

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: Other        | # 0       |       |                 |
| Comment:           | No change |       |                 |
| Corrective Action: |           | Date: |                 |

**Venting:**

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

**Flaring:**

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

| Inspected Facilities                                                                                                     |        |       |      |             |           |         |    |               |    |
|--------------------------------------------------------------------------------------------------------------------------|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID:                                                                                                             | 295202 | Type: | WELL | API Number: | 095-06207 | Status: | SI | Insp. Status: | SI |
| Idle Well                                                                                                                |        |       |      |             |           |         |    |               |    |
| Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____ |        |       |      |             |           |         |    |               |    |
| Comment: <input type="text" value="Change of Operator"/>                                                                 |        |       |      |             |           |         |    |               |    |
| Corrective Action: <input type="text"/> Date: _____                                                                      |        |       |      |             |           |         |    |               |    |