

**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:

03/16/2020

Submitted Date:

03/19/2020

Document Number:

688307337**FIELD INSPECTION FORM**
 Loc ID 317313 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10536Name of Operator: SMITH ENERGY LLCAddress: 1540 MAIN ST SUITE 218 #334City: WINDSOR State: CO Zip: 80550**Status Summary:**

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

Findings:5 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 |
|---------------|----------------|----------------------|---------|
| Smith, Chris | (303) 709-6157 | smithenergy@live.com | |
| Benish, Erick | (970) 630-5723 | Entrullc@gmail.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 238037 | WELL | PR | 05/08/1998 | GW | 121-10540 | AXSOM 'C' 2 | PR |

General Comment:

Routine Inspection

LocationOverall Good: ☒

| | | | |
|----------------------|------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | CONTAINERS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 970-554-0250

Corrective Action:

Date: _____

Overall Good: ☐

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|--------------------|-------------|-------|--|
| Fencing/: | | | |
| Type | LOCATION | | |
| Comment: | barbed wire | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------------|-----|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|---------------------|---------|--------|
| | | | CENTRALIZED BATTERY | | , |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

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

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

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

Venting:

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

Flaring:

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

Location Construction

Location ID: 238037 CDP: _____

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:**Comment:** No COAs.

Corrective Action: _____ Date: _____

Wildlife BMPs:**Comment:** _____

Corrective Action: _____ Date: _____

Comment: _____**Corrective Action:** _____ Date: _____**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:

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|--|

Summary of Operator Response to Landowner Issues:

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|--|

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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|--|
| |
|--|

Inspected FacilitiesFacility ID: 238037 Type: WELL API Number: 121-10540 Status: PR Insp. Status: PR**Producing Well**Comment: [PR. 1/1/2020 production reported to COGCC database.](#)

Corrective Action:

Date:

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

| Document Num | Description | URL |
|--------------|-----------------------|---|
| 688307395 | Smith Energy Axsom C2 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5100863 |