Inspector Name: Sherman, Susan

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

## FIELD INSPECTION FORM

Inspection Date: 04/22/2016
Document Number: 673713110
Overall Inspection: SATISFACTORY

| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
|---|---|---|---|---|---|
| | 265516 | 317359 | Sherman, Susan | ☐ | |

**Operator Information:**

OGCC Operator Number: 10592
Name of Operator: EXCELL OPERATING LLC
Address: 36629 US HIGHWAY 385
City: WRAY State: CO Zip: 80758

☐ 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 |
|---|---|---|---|
| Weaver, Andy | (970) 630-3930 | aweaver@excell-llc.com | |
| Baucke, Andy | (970) 630-5227 | abaucke@excell-llc.com | |

**Compliance Summary:**

QtrQtr: SWSW Sec: 1 Twp: 3S Range: 50W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|---|---|---|---|---|---|---|---|
| 11/19/2015 | 673712012 | IJ | AC | SATISFACTORY | | | No |
| 05/28/2015 | 673710500 | SI | AC | SATISFACTORY | | | No |
| 05/09/2014 | 673703026 | SI | AC | SATISFACTORY | | | No |
| 04/21/2014 | 673702494 | SI | SI | ACTION REQUIRED | | | No |
| 03/21/2003 | 200036525 | PR | PR | SATISFACTORY | | Pass | No |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|---|---|---|---|---|---|---|---|---|
| 159464 | UIC ENHANCED RECOVERY | AC | 05/15/2014 | | - | CHRISTIANSON SWD | AC | ☐ |
| 265516 | WELL | IJ | 05/12/2014 | ERIW | 121-10682 | YOUNG 14-1 | SI | ☒ |

**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: | |

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## Location

**Lease Road:**

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|---|---|---|---|---|
| | | | | |

**Signs/Marker:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|---|---|---|---|---|
| WELLHEAD | SATISFACTORY | | | |

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

Comment:

Corrective Action:

**Good Housekeeping:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|---|---|---|---|---|
| | | | | |

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|---|---|---|---|---|

☐ Multilple Spills and Releases?

**Fencing/:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|---|---|---|---|---|
| WELLHEAD | SATISFACTORY | hog wire panels | | |

**Equipment:**

| Type: | # | Satisfactory/Action Required: | |
|---|---|---|---|
| Comment | | | |
| Corrective Action | | Date: | |

**Facilities:** ☐ New Tank  Tank ID:

| Contents | # | Capacity | Type | SE GPS |
|---|---|---|---|---|
| | | | CENTRALIZED BATTERY | , |

| S/AR | | Comment: | |
|---|---|---|---|

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

Paint

| Condition | |
|---|---|

Other (Content)

Other (Capacity)

Other (Type)

Berms

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

| Corrective Action | | Corrective Date | |
|---|---|---|---|

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| Comment | |
|---|---|

**Venting:**

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

**Flaring:**

| Type | | Satisfactory/Action Required | |
|---|---|---|---|
| Comment: | | | |
| Corrective Action: | | Correct Action Date: | |

## Predrill

Location ID: 265516

**Site Preparation:**

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

**S/AR:** _____

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

**Form 2A COAs:**

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

**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: 265516 Type: WELL API Number: 121-10682 Status: IJ Insp. Status: SI

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## Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 05/09/2014

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment:

Method of Injection: _____

Test Type: _____ Tbg psi: 22.5 " Csg psi: 380 psi BH psi: _____

Insp. Status: _____

Comment: Initial tubing pressure 22.5" Hg, Final tubing pressure 22.5" Hg
Initial casing pressure 0 psi
Test start pressure 380 psi
Test 5 minute pressure 380 psi
Test 10 minute pressure 380 psi
Test 15 minute pressure 380 psi
Final casing pressure 0 psi
UIC MIT PASSED.

Form 42 #401018290

## 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: dryland crop, fallow, new flowline east of well in field to tank battery

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 ? _____

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 _____

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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 | Pass | Compaction | Pass | | | |

S/A/V: SATISFACTORY Corrective Date: _____

Comment:

CA:

**Pits:** ☐ NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment | User | Date |
|---|---|---|
| UIC MIT passed. | ShermaSe | 04/26/2016 |

**Attached Documents**

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

| Document Num | Description | URL |
|---|---|---|
| 673713118 | Excell Young 14-1 UIC MIT | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3841858 |