

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Inspection Date:
11/10/2011

Document Number:
664000121

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	API Number	Facility ID	Loc ID	Tracking Type
	<u>123-10290</u>	<u>242499</u>	<u>318928</u>	
Facility Name: <u>SERAFINI GAS UNIT 1</u>		Inspector Name: <u>LEONARD, MIKE</u>		

Operator Information:

OGCC Operator Number: 39560 Name of Operator: TOP OPERATING COMPANY
 Address: 10881 ASBURY AVE STE 230
 City: LAKEWOOD State: CO Zip: 80227

Contact Information:

Contact Name	Phone	Email	Comment
		<u>topoprtn@gmail.com</u>	

Compliance Summary:

QtrQtr: NENE Sec: 18 Twp: 2N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
<u>01/09/2007</u>	<u>200104536</u>	<u>PR</u>	<u>PR</u>	<u>U</u>		<u>F</u>	<u>Y</u>
<u>01/23/1995</u>	<u>500165419</u>	<u>PR</u>	<u>PR</u>			<u>P</u>	<u>N</u>
<u>02/25/1995</u>	<u>500165420</u>	<u>PR</u>	<u>PR</u>			<u>P</u>	<u>N</u>
<u>04/24/1996</u>	<u>500165421</u>	<u>PR</u>	<u>PR</u>			<u>P</u>	<u>N</u>
<u>04/24/2000</u>	<u>200006238</u>	<u>PR</u>	<u>PR</u>	<u>S</u>		<u>P</u>	<u>N</u>
<u>09/17/2007</u>	<u>200128614</u>	<u>PR</u>	<u>PR</u>	<u>U</u>			<u>Y</u>
<u>02/25/1999</u>	<u>500165422</u>	<u>PR</u>	<u>PR</u>			<u>P</u>	<u>N</u>

Inspector Comment:

SEE CORRECTIVE ACTIONS HIGHLIGHTED IN RED

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
<u>242499</u>	<u>WELL</u>	<u>PR</u>	<u>02/10/1982</u>	<u>GW</u>	<u>123-10290</u>

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

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
ADEQ				

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
BATTERY	Satisfactory	SHARED BATTERY FOR SERAFINI 1, SHERWOOD 1&2		
TANK LABELS/PLACARDS	Unsatisfactory	WATER TANKS AND TREATERS NOT PROPERLY LABELED	INSTALL LABELS AS REQUIRED BY RULE 210 D	12/30/2011

Emergency Contact Number: (S/U/V) Satisfactory _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	3	Satisfactory			
Plunger Lift		Satisfactory			
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	3	Unsatisfactory	NO BERMS	INSTALL BERMS AROUND SEPARATORS	01/27/2012
Emission Control Device	1	Satisfactory			

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2			
S/U/V: Unsatisfactory	Comment: UNKNOWN CAPACITY NOT LABEED			
Corrective Action:	LABEL AS REQUIRED			Corrective Date: 12/30/2011

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Corrective Action					Corrective Date

Tanks/Berms:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	3	300 BBLS	STEEL AST	40.143460,-105.040580	
S/U/V:	Satisfactory	Comment:			
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Earth	Adequate	Walls Sufficent	Base Sufficent	Inadequate	WALKOVERS NOT BEING USED
Corrective Action	REPIAR DAMAGE FROM WALKOVERS NOT BEING USED			Corrective Date	12/30/2011
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 318928

Site Preparation:

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

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

Form 2A COAs:

Wildlife BMPs:

Stormwater:

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:

Well

Facility ID: 242499 API Number: 123-10290 Status: PR Insp. Status: PR

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:

DWR Receipt Num: _____ Owner Name: _____ GPS File: _____

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: FARMGROUND

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? 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 removed? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass 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? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Pass Recontoured Pass Perennial forage re-established Pass

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

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 _____

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

COGCC Comments

Comment	User	Date
SEE CORRECTIVE ACTONS HIGHLIGHTED IN RED	leonardm	11/10/2011