

**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:

12/22/2011

Document Number:

663900258

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>207461</u>	<u>321603</u>		<u>QUINT, CRAIG</u>

Operator Information:

OGCC Operator Number: 70430 Name of Operator: PINTAIL PETROLEUM LTD

Address: 225 N. MARKET #300

City: WICHITA State: KS Zip: 67202

Contact Information:

Contact Name	Phone	Email	Comment
Davis, Sue	316-263-2243 off/74165	sdavis@pintailpetroleum.com	316-263-6479 fax

Compliance Summary:

QtrQtr: NWSW Sec: 23 Twp: 15S Range: 46W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/12/2007	200106600	PR	PR	S		P	N
01/05/2010	200226149	PR	PR	U			Y
05/06/2011	200310043	PR	PR	U			Y
11/17/1997	500138697	PR	PR			P	N
09/12/2011	200321242	PR	PR	U			Y
06/20/1995	500138695	ES	PR			F	Y
06/04/2008	200190559	PR	PR	S			N
01/10/2003	200033620	PR	PR	S		P	N
08/05/1999	873194	PR	PR	S	I		N
06/16/1995	500138694	PR	PR			F	Y
06/19/1996	500138696	PR	PR			F	Y

Inspector Comment:

CENTRAL BATTERY FOR CHAMPLIN 205 AMOCO A-2, A-4, A-5. 1630` S

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
207461	WELL	PR	10/03/1983	OW	017-06396	CHAMPLIN 205 AMOCO A 2	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: QUINT, CRAIG

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
Access	Satisfactory	DIRT ROAD THROUGH PASTURE.		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	LEASE SIGN BY WELLHEAD.		
BATTERY	Satisfactory	LEASE SIGN ON BERM. INDICATES ALL WELLS INTO BATTERY.		
TANK LABELS/PLACARDS	Satisfactory	STICKERS ON TANKS.		

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	1-JOINT OF BAD TUBING AND SEVERAL STICKS OF RODS STORED BY UNIT.	REMOVE BAD TUBING AND RODS.	03/22/2012

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory	LOCATION 3/4 FENCED WITH WIRE.		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Prime Mover	1	Satisfactory	ELEC MOTOR		
Deadman # & Marked	4	Satisfactory			
Horizontal Heated Separator	1	Satisfactory	NOT IN USE.		

Inspector Name: QUINT, CRAIG

Pump Jack	1	Satisfactory	320 LUFKIN ON A CEMENT PAD.		
Ancillary equipment	3	Satisfactory	ELEC PANELS, ELEC METER AND CATHOTIC RECTIFIER ON R.E.A. POLE.		
Veritcal Heater Treater	1	Satisfactory			

Tanks/Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	FIBERGLASS AST	38.723500,-102.533240

S/U/V: Satisfactory Comment: BLUE WEATHERED FIBERGLASS.

Corrective Action:

Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action

Corrective Date

Comment

Tanks/Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	38.723500,-102.533240

S/U/V: Satisfactory Comment: FADED GRAY TANKS WITH FLAKING AND OIL STAINS.

Corrective Action:

Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action

Corrective Date

Comment

Venting:

Yes/No

Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 321603

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: 207461 API Number: 017-06396 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 : _____ Lat _____ Long _____

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: _____

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? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? Pass 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? PassProduction areas have been stabilized? Pass Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

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

Non-CroplandTop soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____ P _____

Comment: UNUSED AREAS OF THE LOCATION ARE COVERED WITH GRASS AND NATURAL VEGETATION.Overall Interim Reclamation Pass**Final Reclamation/ Abandoned Location:**

Inspector Name: QUINT, CRAIG

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 _____

Overall Final Reclamation

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/U/V: Satisfactory _____

Corrective Date: _____

Comment: _____

CA: _____