

**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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| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

02/29/2012

Document Number:

661700171

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|-------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>214940</u> | <u>325522</u> | | <u>LABOWSKIE, STEVE</u> |

Operator Information:OGCC Operator Number: 40547 Name of Operator: HOLCOMB OIL & GAS INCAddress: P O BOX 2058City: FARMINGTON State: NM Zip: 87499**Contact Information:****Compliance Summary:**QtrQtr: NESE Sec: 4 Twp: 34N Range: 8W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 08/05/2010 | 200265763 | PR | PR | S | | | N |
| 12/09/2008 | 200199841 | PR | PR | S | | | N |
| 06/26/2008 | 200191637 | ES | PR | U | | | Y |
| 06/28/2004 | 200058311 | PR | PR | S | | P | N |
| 09/09/2002 | 200032133 | PR | PR | S | | P | N |
| 07/26/2000 | 200008702 | PR | PR | S | | P | N |
| 09/14/1999 | 500148098 | PR | PR | | | P | N |
| 11/10/1997 | 500148097 | PR | PR | | | P | N |
| 10/18/1996 | 500148096 | PR | PR | | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|----------|--------|-------------|------------|-----------|-------------------|-------------------------------------|
| 214940 | WELL | PR | 02/11/1982 | | 067-06545 | HURT 1-4 | <input checked="" type="checkbox"/> |
| 325522 | LOCATION | AC | 04/14/2009 | | - | HURT-N34N8W 4NESE | <input type="checkbox"/> |

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 |
| Access | Unsatisfactory | rutted | smooth/stabilize access | 04/25/2012 |

| | | | | |
|----------------------|-----------------------------|---------|---|------------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | Unsatisfactory | | Install sign to comply with rule 210.b. | 05/01/2012 |
| WELLHEAD | Satisfactory | | | |

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

Comment: _____

Corrective Action: _____

| | | | | |
|---------------------------|-----------------------------|---|------------------------------------|------------|
| Good Housekeeping: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| OTHER | Unsatisfactory | inadequate wildlife protection on open top tank | fix mesh covering on open top tank | 04/15/2012 |

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

| | | | | |
|------------------|-----------------------------|--------------------|-------------------|---------|
| Fencing/: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | | thin pipe barriers | | |
| TANK BATTERY | Satisfactory | | | |

| Equipment: | | | | | |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Horizontal Heated Separator | 2 | | | | |
| Gas Meter Run | 1 | | | | |
| Deadman # & Marked | 4 | Satisfactory | | | |

Tanks/Berms:☐ New Tank

Tank ID: _____

| | | | | |
|----------------|---|----------|----------|--------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | OTHER | Open Top | , |

| | | | |
|--------------------|--|----------|--|
| S/U/V: | Unsatisfactory | Comment: | |
| Corrective Action: | fix mesh wildlife netting, label tank with contents, capacity and NFPA placard | | |
| Corrective Date: | 04/21/2012 | | |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) unknown _____

Other (Type) fiberglass _____

Berms

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

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

Tanks/Berms:☐ New Tank

Tank ID: _____

| | | | | |
|----------|---|----------|-------------|--------|
| Contents | # | Capacity | Type | SE GPS |
| METHANOL | 1 | OTHER | PLASTIC AST | , |

| | | | |
|--------------------|---------------------------|----------|--|
| S/U/V: | | Comment: | |
| Corrective Action: | install proper NFPA label | | |
| Corrective Date: | | | |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| | | | | |
|-------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate |

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

Tanks/Berms: ☐ New Tank Tank ID: _____

| | | | | |
|----------------|---|----------|----------|--------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | OTHER | BV STEEL | , |

| | | | |
|--------------------|------------|------------------|--|
| S/U/V: | | Comment: | |
| Corrective Action: | label tank | Corrective Date: | |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

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

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

| | |
|------------------------|---------|
| <u>Venting:</u> | |
| Yes/No | Comment |
| | |

| | | | | |
|------------------------|-----------------------------|---------|-------------------|---------|
| <u>Flaring:</u> | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 325522

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: 214940 API Number: 067-06545 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: _____

Inspector Name: LABOWSKIE, STEVE

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? _____ Production areas stabilized ? _____

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? _____ 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: _____
rutted, muddy, especially small access road with grade

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: LABOWSKIE, STEVE

| | | | |
|---|---|---|------------------------|
| 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 | Fail | Compaction | Fail | | | |
| S/U/V: _____ Corrective Date: _____ | | | | | | |
| Comment: _____ | | | | | | |
| CA: _____ | | | | | | |

COGCC Comments

| Comment | User | Date |
|--|----------|------------|
| issues are broken wildlife netting on open top tank, tank labeling and deep ruts at entrance to location | labowsks | 03/15/2012 |