

**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



DE ET OE ES

Inspection Date:

03/16/2012

Document Number:

662300328

Overall Inspection:

Violation**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: NEIDEL, KRIS
	223587	313094		

Operator Information:

OGCC Operator Number: 10097 Name of Operator: DRY CREEK PETROLEUM LLC

Address: PO BOX 101008

City: DENVER

State: CO

Zip: 80250-

Contact Information:

Contact Name	Phone	Email	Comment
dinardo, john	303-831-7334	jdinardo@apcllc.biz	

Compliance Summary:

QtrQtr: NENE Sec: 14 Twp: 5N Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/20/2006	200101814	PR	PR	U		F	Y
12/05/2002	200035584	ID	TA	S		P	N
12/02/1999	200002973	ID	TA	U		F	Y
02/22/1999	500154864	ID	SI			F	N

Inspector Comment:

pumpjack. PW 300bbl tank. land farm in bermed area; no obvious sign of hydrocarbon. fence area to the west of wellhead; appears to be a pit, there are obvious discharges from pad to pit; hoses, contaminated soil, erosion, etc.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
222318	WELL	PA	01/01/1999		081-05294	VAN HOUTEN-S W G 1	X
223587	WELL	SI	11/30/2011	OG	081-06954	BINGMAN 1-14	X
285519	PIT	AC	07/07/2006		-	BINGMAN 1-14	
313094	LOCATION	AC	04/14/2009		-	BINGMAN-65N96W 14NENE	

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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

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

Comment: no emergency contact number.

Corrective Action: Install sign to comply with rule 210.b.

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Unsatisfactory	Storage of unused equipment on location	remove equipment not necessary for production.	06/01/2012
DEBRIS	Unsatisfactory	old motors, old equipment.	remove equipment not necessary for production.	06/01/2012

Spills:				
Type	Area	Volume	Corrective action	CA Date
Other	WELLHEAD	<= 5 bbls	spill is from a barrel between the wellhead and fenced pit. fluid (gear oil?) is leaking from bottom of barrel and pooling on ground around. clean remove per rules.	03/30/2012

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PIT	Satisfactory			

<u>Equipment:</u>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Pump Jack	1	Satisfactory			

Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	,
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
Earth	Inadequate	Walls Sufficient	Base Sufficient	Inadequate
Corrective Action	sure up berm.			Corrective Date 03/30/2012
Comment	sure up berm.			

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 313094

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:

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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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Well

Facility ID: 222318 API Number: 081-05294 Status: PA Insp. Status: PA

Facility ID: 223587 API Number: 081-06954 Status: SI Insp. Status: SI

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Inspector Name: NEIDEL, KRIS

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: _____

1003a. Debris removed? _____ CM _____
CA _____ CA Date _____
Waste Material Onsite? _____ CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? _____ CM _____
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? _____ CM _____
CA _____ CA Date _____
Guy line anchors removed? _____ 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 _____

Inspector Name: NEIDEL, KRIS

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 _____

Overall Final Reclamation

Storm Water:

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

S/U/V: _____

Corrective Date: _____

Comment: _____

CA: _____

Attached Documents

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

Document Num	Description	URL
662300328	INSPECTION APPROVED	http://cogcc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=2892270