

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:
03/26/2012

Document Number:
663900834

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>218025</u>	<u>309589</u>		<u>QUINT, CRAIG</u>

Operator Information:

OGCC Operator Number: 61250 Name of Operator: MULL DRILLING COMPANY INC
 Address: 1700 N WATERFRONT PKWY B#1200
 City: WICHITA State: KS Zip: 67206-

Contact Information:

Contact Name	Phone	Email	Comment
Smalley, Carl	719-767-8805 off	csmalley@mulldrilling.com	719-342-1812 cell

Compliance Summary:

QtrQtr: NENE Sec: 12 Twp: 12S Range: 53W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/29/2011	200309912	RT	AC	S			N
04/05/2010	200240987	RT	AC	S			N
06/30/2009	200213719	MI	AC	S			N
04/14/2009	200208740	RT	AC	S			N
04/29/2008	200189236	RT	AC	S			N
04/19/2007	200109495	RT	AC	S		P	N
05/17/2006	200091043	RT	AC	S		P	N
09/20/2005	200079004	MI	AC	S		P	N
06/23/2005	200074073	RT	AC	S		P	N
07/16/2004	200058169	RT	AC	S		P	N
07/09/2003	200042114	RT	AC	S		P	N
07/24/2002	200029484	RT	AC	S		P	N
08/10/2001	200019462	RT	AC	S		P	N
11/17/2000	200012751	PR	AC	S	I	P	N
09/26/2000	200010813	MI	AC	S	I	P	N
08/30/2000	200009354	MI	AC	U	I	F	Y
12/29/1997	500152216	PR	AC			P	N
10/19/1994	500152215		AC				

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
150042	UIC DISPOSAL	AC	07/26/1983		-	MAUER 1
218025	WELL	IJ	09/01/1983	DSPW	073-06010	MAUER 1-SWD
309589	LOCATION	AC	04/14/2009		-	MAUER-612S53W 12NENE

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	Satisfactory	ELEVATED GRAVEL ROAD W/CATTLE GUARD AT ENTRANCE THROUGH PASTURE.		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	LEASE SIGN BY WELLHEAD ON BERM.		
TANK LABELS/PLACARDS	Satisfactory	METAL SIGNS BY TANKS.		

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?				

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory	STEEL PANELS AROUND ALL EQUIPMENT.		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	7	Satisfactory	3-CHEMICAL TANKS(2-WITH CONTAINMENT, MANIFOLD SHED, ELEC PANEL, CATHOTIC RECTIFIER, TELEMETRY EQUIPMENT.		

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	500 BBLS	FIBERGLASS AST	39.021870,-103.276950	
S/U/V:	Satisfactory		Comment:		
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 Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	200 BBLS	FIBERGLASS AST	39.021870,-103.276950	
S/U/V:	Satisfactory		Comment:		
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 Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill	
Location ID: <u>309589</u>	
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):	
<u>Surface Owner Contact Information:</u>	
Name: _____	Address: _____
Phone Number: _____	Cell Phone: _____
<u>Operator Rep. Contact Information:</u>	
Landman Name: _____	Phone Number: _____
Date Onsite Request Received: _____	Date of Rule 306 Consultation: _____
Request LGD Attendance: _____	
<u>LGD Contact Information:</u>	
Name: _____	Phone Number: _____ Agreed to Attend: _____
<u>Summary of Landowner Issues:</u>	
<u>Summary of Operator Response to Landowner Issues:</u>	
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>	

Well	

Facility ID: 218025 API Number: 073-06010 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 714

UIC Routine

Inj./Tube: Pressure or inches of Hg -20" Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: CDHL

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 06/30/2009

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: NO

Comment: CASING HAD SLIGHT BLOW THAT DIED IMMEDIATELY

Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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: _____

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? _____ 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? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment:

Overall Interim Reclamation Pass

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

Inspector Name: QUINT, CRAIG

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass	MHSP	Fail	

S/U/V: Unsatisfactory Corrective Date: 06/26/2012

Comment: 3-CHEMICAL TANKS ,1-W/O CONTAINMENT.

CA: INSTALL CONTAINMENT

Attached Documents

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

Document Num	Description	URL
663900834	INSPECTION APPROVED	http://cogcc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=2896664