

Inspector Name: BROWNING, CHUCK

**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:

04/02/2012

Document Number:

668400050

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>BROWNING, CHUCK</u>
	<u>221766</u>	<u>312489</u>		

Operator Information:

OGCC Operator Number: 10150 Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC

Address: 1515 WYNKOOP ST STE 500

City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
Lindholm, Stan	(970) 257-0727	stan.lindholm@blackhillscorp.com	
Donahue, Jessica	(720) 210-1333	jessica.donahue@blackhillscorp.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Compliance Summary:

QtrQtr: <u>SWNE</u>	Sec: <u>15</u>	Twp: <u>10S</u>	Range: <u>95W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/12/2003	200050172	ID	SI	U		F	N
10/22/1998	500154215	PR	PR			P	N

Inspector Comment:

COMPLY WITH RULES 1003 & 1004 FOR RECLAMATION OF LOCATION AFTER PLUGGING.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
221766	WELL	PR	09/01/1995		077-08368	CARPENTER 15-1	<input checked="" type="checkbox"/>
312489	LOCATION	AC	04/14/2009		-	CARPENTER-610S95W 15SWNE	<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: _____

LocationEmergency 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?				
Venting:				
Yes/No	Comment			
Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312489

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:****CA:****Date:****Wildlife BMPs:****Comment:****CA:****Date:****Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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: 221766

API Number: 077-08368

Status: PR

Insp. Status: PA

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Data retrieval failed for the subreport 'Subreport10' located at: \\dardenster\ling\oFormPa

Cement**Cement Contractor**Contractor Name: HaliburtonContractor Phone: 970-433-8091**Surface Casing**

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging OperationsDepth Plugs(feet range): 4675, 2117, 340Cement Volume (sx): 150Good Return During Job: YESCement Type: HALCEM (TM) SYSTEM

Comment: PA well. CIBP SET @ 4675' w/ 2 SX CEMENT ON TOP. CEMENT RETAINER SET @ 2117 TUBING:2 7/8 4.7#
 PERF:@2152 CSG 4 1/2 11.6#. Pump 4 bbls @ 24 psi 19.5 SKS 15.8 PPG 1.15 YEILD 5.01 GAL / SK. STING OUT OF
 RETAINER. POOH W TUBING. PERFS @ 340 4 1/2 11.6 # CSG 8 5/8 24# SURFACE PIPE RIGGED UP TO CASING
 VALVE WITH BRADEN HEAD OPEN. Pump 24.9 bbls @ 560 psi CUT OFF WELL HEAD. RAN 40' OF 1 INCH PIPE
 DOWN ANULUS. Pumped 2.5 bbls @ 90 psi 13 SKS 15.8 PPG 1.15 YEILD 5.01 GAL / SK.

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? _____ CM SEE RULE 1004.a

CA _____

CA Date _____

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Waste Material Onsite? _____ CM SEE RULE 1004.a
CA _____ CA Date _____
Unused or unneeded equipment onsite? _____ CM SEE RULE 1004.a
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? _____ CM SEE RULE 1004.a
CA _____ CA Date _____
Guy line anchors removed? _____ CM SEE RULE 1004.a
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 _____

1003 f. Weeds Noxious weeds? _____

Comment: SEE RULES 1003 & 1004

Overall Interim Reclamation _____ Fail _____

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 _____

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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: Satisfactory Corrective Date: _____						
Comment: _____						
CA: _____						