

**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:

04/13/2012

Document Number:

663400148

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>227181</u>	<u>313913</u>		<u>EDELEN, RANDY</u>

Operator Information:OGCC Operator Number: 76840 Name of Operator: SCHNEIDER ENERGY SERVICES INCAddress: P O BOX 297City: FORT MORGAN State: CO Zip: 80701**Contact Information:**

Contact Name	Phone	Email	Comment
Schneider, Jeff	970-867-9437/(214) 244-3819	jeff@schneiderenergy.com	

Compliance Summary:Qtr/Qtr: SWNE Sec: 19 Twp: 6N Range: 58W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/06/2006	200089018	PR	SI	U		F	Y
09/06/1995	500155881	PR	PR			F	Y

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
99999	LEASE	DA	07/12/2000		-	STATE OF COLORADO 1-4	<input type="checkbox"/>
227181	WELL	SI	09/07/2010	OW	087-07924	EAST GARDEN 7-19	<input checked="" type="checkbox"/>
277425	LEASE		04/16/2005		-	EAST GARDEN 7-19	<input type="checkbox"/>
313913	LOCATION	AC	04/14/2009		-	EAST GARDEN-66N58W 19SWNE	<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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			

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

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

Comment: Verified number

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Unsatisfactory	Miscellaneous trash on location	Remove and properly dispose of all trash	05/31/2012

Spills:				
Type	Area	Volume	Corrective action	CA Date
Lube Oil	Pump Jack	<= 5 bbls	Cleanup gear oil around pump jack	05/31/2012
Crude Oil	Tank	<= 5 bbls	Cleanup crude staining soil and on tanks	05/31/2012
Lube Oil	Pump Jack	<= 5 bbls	Cleanup lube oil around prime mover	05/31/2012
Crude Oil	Valve	<= 5 bbls	Cleanup spill and repair leaking valves at separator	05/31/2012

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PIT	Satisfactory			
WELLHEAD	Satisfactory			
SEPARATOR	Satisfactory			
TANK BATTERY	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	1	Unsatisfactory	No bird protector on seperator exhaust	Install screen to meet requirements of Rule 604.b.7	05/31/2012
Prime Mover	1	Unsatisfactory	Leaking lube oil	Repair leaks and maintain unit	05/31/2012
Deadman # & Marked	4	Satisfactory			
Ancillary equipment	1	Satisfactory	Propane tank		
Vertical Heated Separator	1	Unsatisfactory	No labels or placardingBerm is insufficient	Label according to Rule 210.d and repair berm	05/31/2012
Pump Jack	1	Unsatisfactory	Gear box leaking	Repair gear box and maintain unit	05/31/2012

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	40.475380,-103.907500
S/U/V:	Unsatisfactory	Comment: Tank is not properly labeled		
Corrective Action: Label to meet requirements of Rule 210.d				Corrective Date: 05/31/2012

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Sufficient	Inadequate

Corrective Action	Repair berm and increase capacity, maintain to insure compliance	Corrective Date	05/31/2012
-------------------	--	-----------------	------------

Comment	Berm is not compacted and has some erosion
---------	--

Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
--------------------	-----------------------------------	----------------

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	PBV STEEL	40.474850,-103.907400

S/U/V:	Unsatisfactory	Comment:	Tank is not placarded or labeledNo screening on tank vent
--------	----------------	----------	---

Corrective Action:	Label according to rule 210.dInstall screen to meet requirements of Rule 604.b.7	Corrective Date:	06/30/2012
--------------------	--	------------------	------------

Paint

Condition	Adequate
-----------	----------

Other (Content) Skim tank

Other (Capacity) 80 bbl from manufacturer's tag

Other (Type) _____

Berms

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

Corrective Action	Remove growth and prevent reoccurrence	Corrective Date	04/15/2012
-------------------	--	-----------------	------------

Comment	Weeds growth on berm
---------	----------------------

Inspector Name: EDELEN, RANDY

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	100 BBLS	FIBERGLASS AST	40.475380,-108.907500	
S/U/V:	Unsatisfactory		Comment: No placard or labels and thief hatch is off and laying on ground		
Corrective Action:				Label as required in rule 210.d and replace missing parts on tank	
				Corrective Date:	05/31/2012
Paint					
Condition	Adequate				
Other (Content)	Piped into steel tank; assume crude oil				
Other (Capacity)	Capacity is an estimate				
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate	Walls Insufficient	Base Sufficient	Inadequate	
Corrective Action	Repair berm and increase capacity, maintain to insure compliance			Corrective Date	05/31/2012
Comment	Berm is not compacted and has some erosion				
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 313913

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:**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: 227181

API Number: 087-07924

Status: SI

Insp. Status: SI

Data retrieval failed for the subreport 'Subreport9' located at: \\dardensterling\cFormPa
Data retrieval failed for the subreport 'Subreport10' located at: \\dardensterling\cFormPa**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

S/V: Satisfactory

CA Date: _____

CA: _____

Comment: Well must be either: 1) Put on production or 2) Per COGCC Rule 326.b.(1) a mechanical integrity test shall be performed on each shut-in well within two (2) years of the initial shut-in date or 3) Be properly plugged and abandoned. Shut-in and temporarily abandoned wells must be properly reported on COGCC Form 7, Operator's Monthly Production Report.

Environmental**Spills/Releases:**

Inspector Name: EDELEN, RANDY

Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
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? _____	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

Inspector Name: EDELEN, RANDY

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

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: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

Pits:

Inspector Name: EDELEN, RANDY

Pit Type: Skimming/Settling Lined: NO Pit ID: _____ Lat: 40.474850 Long: -103.907800

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: No netting

Anchor Trench Present: _____ Oil Accumulation: YES 2+ feet Freeboard: _____

Pit (S/U/V): Unsatisfactory Comment: Two seperate pits in a common berm with a skim tank. Neither pit has netting and both have crude and crude oil stain in the pits. Buckets and other debris present in pit. Netting wire has been rolled up and is in the pit.

Corrective Action: Remove oil and oil stained soil from pits. Install netting to prevent access in accordance with Rule604.b.7

Date: 05/31/2012