

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Inspection Date:

06/04/2012

Document Number:

662300573

Overall Inspection:

Violation**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>NEIDEL, KRIS</u>
	<u>232760</u>	<u>316767</u>		

Operator Information:

OGCC Operator Number: 10282 Name of Operator: WEROCO WATER COMPANY LLC

Address: P O BOX 416

City: HAYDEN State: CO Zip: 81639

Contact Information:

Contact Name	Phone	Email	Comment
weroco water company LLC		csullins03@yahoo.com	
FISCHER, ALEX		alex.fischer@state.co.us	

Compliance Summary:

QtrQtr: NENE Sec: 31 Twp: 6N Range: 88W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/17/2001	200022374	CO	SI	S		P	N
05/14/2001	200016978	CO	PR	U		F	N
05/14/2001	200016977	PR	PR	U		F	N
07/06/1999	500158000	PR	PR			F	N

Inspector Comment:

well shut in, must be MIT'd immediately (see noav, doc #200345348). consult with COGCC environmental on clean up of pooled oil.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
232759	WELL	DA	12/21/1991		107-06174	DRY CREEK UT HD 31 1	<input checked="" type="checkbox"/>
232760	WELL	SI	02/14/2006	OW	107-06175	DRY CREEK UT HD 31 1A (PILOT HOLE)	<input checked="" 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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Violation	no location sign.	Install sign to comply with rule 210.b.	06/26/2012
WELLHEAD	Violation	no sign	Install sign to comply with rule 210.b.	06/26/2012

Emergency Contact Number: (S/U/V) _____ Violation _____ Corrective Date: 06/26/2012

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
TRASH	Unsatisfactory	pipe, bails of hay.	Remove trash per rule 603.j	07/03/2012
DEBRIS	Unsatisfactory	Remove equipment not necessary for production.	Remove trash per rule 603.j	07/03/2012
WEEDS	Unsatisfactory	Weeds have over run location.	Treat/remove weeds per rule 603.j	07/03/2012

Spills:				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	Flow Line	> 5 bbls	amount unknown. Consult with COGCC environmental, Alex Fischer at 303-864-2100 x5138	06/19/2012

☐ Multiple Spills and Releases?

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 316767

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:

Facility

Facility ID: 232759 Type: WELL API Number: 107-06174 Status: DA Insp. Status: DA

Facility ID: 232760 Type: WELL API Number: 107-06175 Status: SI Insp. Status: SI

Environmental**Spills/Releases:**

Inspector Name: NEIDEL, KRIS

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? Fail CM Remove equipment not necessary for production.

CA Remove equipment not necessary for production. CA Date 07/03/2012

Pit, cellars, rat holes and other bores closed? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Fail CM mark deadmen

CA mark deadmen CA Date 07/03/2012

1003b. Area no longer in use? Fail Production areas stabilized ? Pass

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: NEIDEL, KRIS

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ F _____

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: _____