

**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
----	----	----	----

Inspection Date:

07/17/2012

Document Number:

663901351

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>295041</u>	<u>309619</u>		<u>QUINT, CRAIG</u>

Operator Information:

OGCC Operator Number: 10399 Name of Operator: NIGHTHAWK PRODUCTION LLC

Address: 1805 SHEA CENTER DR #290

City: HIGHLANDS State: CO Zip: 80129

Contact Information:

Contact Name	Phone	Email	Comment
Wilson, Chuck	720-344-5155	chuckwilson@nighthawkenenergy.com	CEO
Mayland, Harold	303-407-9604	haroldmayland@nighthawkenenergy.com	operations manager

Compliance Summary:

QtrQtr: SENE Sec: 1 Twp: 14S Range: 55W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/26/2012	664000323	SI	SI	U	F		N
07/19/2011	200315782	PR	PR	U			N
05/10/2011	200310399	PR	PR	U			Y
01/05/2011	200291339	PR	TA	U			Y
11/16/2010	200284510	PR	TA	U			Y
02/22/2010	200232116	PR	SI	S			N
12/03/2009	200223524	PR	SI	S			N
12/22/2008	200201277	PR	PR	U			Y
08/01/2008	200193483	PR	WO	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
295041	WELL	PR	04/26/2012	OW	073-06320	CRAIG 8-1	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: QUINT, CRAIG

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 SAND&GRAVEL ROAD W/CATTLE GUARD AND 2-CULVERTS THROUGH PASTURE.		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory	STENCIL AND STICKERS ON TANKS		
BATTERY	Satisfactory	LEASE SIGN MOUNTED ON STEEL CONTAINMENT.		
WELLHEAD	Satisfactory	LEASE SIGN BY WELL ON GATE.		

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
WELLHEAD	Satisfactory	STEEL PANELS AROUND ALL WELLHEAD EQUIPMENT.		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	4	Satisfactory			
Prime Mover	1	Satisfactory	MULTI CYLINDER ARROW GAS ENGINE		

Inspector Name: QUINT, CRAIG

Ancillary equipment	6	Satisfactory	4-PROPANE TANKS, GAS SCRUBBER, CHEMICAL TANK W/CONTAINMENT.		
Pump Jack	1	Satisfactory	320 DAQING		
Veritcal Heater Treater	1	Satisfactory			

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	200 BBLS	HEATED STEEL AST	38.858933,-103.500240

S/U/V: Satisfactory Comment: TAN

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action REPAIR WALLS SO FLUID CAN NOT RUN UNDER PANELS. Corrective Date 09/17/2012

Comment METAL BERM HAS GAPS AT THE BASE OF THE STEEL PANELS..

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	200 BBLS	FIBERGLASS AST	38.858933,-103.500240

S/U/V: Satisfactory Comment: TAN

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action REPAIR WALLS SO FLUID CAN NOT RUN UNDER PANELS. Corrective Date 09/17/2012

Comment METAL BERM HAS GAPS AT THE BASE OF THE STEEL PANELS

Venting:

Yes/No Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 309619

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: 295041 Type: WELL API Number: 073-06320 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: WELL IS SHUT IN, BRIDEL IS OFF OF RODS.

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:

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? 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? Pass CM _____

CA _____ CA Date _____

1003b. Area no longer in use? InProduction areas stabilized ? In

Inspector Name: QUINT, CRAIG

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? In

Production areas have been stabilized? In 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 In

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OF THE LOCATION ARE CLEAN, CONTOURED AND SEEDED WITH MINIMAL GRASS GROWTH (DROUGHT).

Overall Interim Reclamation In Process

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
Seeding		Ditches	Pass	MHSP	Pass	

S/U/V: Satisfactory Corrective Date: _____

Comment:

CA: