

**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



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Inspection Date:

08/08/2012

Document Number:

663901481

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>205894</u>	<u>321051</u>		<u>QUINT, CRAIG</u>

Operator Information:OGCC Operator Number: 27520 Name of Operator: ENERGY ALLIANCE COMPANY INCAddress: 1900 N. AMIDON - STE #218City: WICHITA State: KS Zip: 67203**Contact Information:**

Contact Name	Phone	Email	Comment
Green, Connie	316-267-0155	connie.green@energy-alliance.net	
ONYSKIW, DENISE		denise.onyskiw@state.co.us	

Compliance Summary:QtrQtr: SENE Sec: 20 Twp: 33S Range: 43W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/09/2012	663901317	IJ	AC	S	P		N
07/26/2011	200316356	RT	AC	S			N
12/13/2010	200288477	RT	AC	S			N
06/10/2010	200254979	RT	AC	U			Y
06/02/2009	200211738	RT	AC	S			N
05/12/2008	200189942	RT	AC	S			N
09/20/2007	200119168	MI	AC	S			N
07/10/2007	200114507	MI	AC	U		F	Y
07/31/2006	200094722	RT	AC	S		P	N
08/04/2005	200074947	RT	AC	S		P	N
08/09/2004	200058070	RT	AC	S		P	N
07/30/2003	200042388	RT	AC	S		P	N
08/21/2002	200029702	MI	AC	S		P	N
08/09/2002	200029701	RT	AC	U		F	Y
08/15/2001	200018863	RT	AC	S	I	P	N
01/02/2001	200013072	PR	AC	S	I	P	N
03/06/2000	200005075	RT	AC	S	I	P	N
02/23/2000	200004154	PR	PR	S	I	P	N
03/29/1999	500136125	PR	AC			F	Y
04/14/1998	500136124	PR	AC			F	Y
05/24/1995	500136123	PR	AC			F	Y

Inspector Name: QUINT, CRAIG

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
205894	WELL	IJ	12/14/2007	DSPW	009-06309	MCKINLEY 1-20-WD	<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

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	DIRT ROAD THROUGH PASTURE.		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory	LEASE SIGN BY TANKS		
TANK LABELS/PLACARDS	Unsatisfactory	400BBL TANK IS LABELED, 210BBL OVERFLOW TANK HAS CONTENT AND CAPACITY STENCILED ON TANK BUT NO VISIBLE PLACARD.	Install labeling to comply with rule 210.d.	11/08/2012

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	2	Satisfactory	TRIPLEX WATER PUMP ON A CEMENT PAD, ELEC PANEL		

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	FIBERGLASS AST	37.156640,-102.278850
S/U/V:	Satisfactory	Comment:	GRAY TANK	
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	
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Comment	
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Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
LUBE OIL	1	<50 BBLS	BV PLASTIC	37.156640,-102.278850

S/U/V:	Satisfactory	Comment:	300 GALLON PLASTIC TANK FOR LUBE OIL RECOVERY 90% BURIED IN SHARED BERM
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Corrective Action:		Corrective Date:	
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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	
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Comment	
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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	200 BBLS	FIBERGLASS AST	37.156640,-102.278850	
S/U/V:	Satisfactory	Comment:	210BBL GRAY FIBERGLASS OVERFLOW TANK		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
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: 321051

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: 205894 Type: WELL API Number: 009-06309 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 09/20/2007

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: YES

Comment: _____

Method of Injection: PUMP FEED

Test Type: 5 Year Tbg psi: 0 Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: MIRU DILLCO WELL SERVICES, LOAD CASING W/1BBL WATER, PRESSURE CASING TO 860PSIG, 5 MIN-860#, 10 MIN-860#, 15 MIN-860#, 0# LOSS (PASS).

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?	<u>Pass</u>	CM _____	
CA _____			CA Date _____
Guy line anchors removed?	<u> </u>	CM _____	
CA _____			CA Date _____
Guy line anchors marked?	<u> </u>	CM _____	
CA _____			CA Date _____

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	Compaction	Pass	MHSP	Pass	
S/U/V: Satisfactory Corrective Date: _____						
Comment: _____						
CA: _____						