

**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:

08/17/2012

Document Number:

663300444

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>221174</u>	<u>312310</u>		<u>SCHURE, KYM</u>

**Operator Information:**OGCC Operator Number: 94300 Name of Operator: WARD & SON\* ALFREDAddress: P O BOX 737City: OGALLALLA State: NE Zip: 69153**Contact Information:**

Contact Name	Phone	Email	Comment
Ward, Randy	308-284-8350	rlwardne@charter.net	

**Compliance Summary:**QtrQtr: NWNW Sec: 23 Twp: 11N Range: 53W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/04/2012	663300122	PR	PR	U			N
01/07/2008	200124822	PR	PR	S			N
03/30/2005	200068867	PR	SI	S		P	N
06/02/2003	200039786	PR	PR	U		F	Y
01/25/1996	500153980	PR	WO			F	N

**Inspector Comment:**

Re-inspection from 6-4-2012, No indication of compliance on citations from previous inspection. Well is tied back to shared battery with State 6 05-075-09312. Battery and wellhead/pump jack have not complied with previous citations which include spills, berm construction, status of skim pit and p/w pit, housekeeping, signage and unused equipment. 3-30-2005 inspections notes that pits have been closed, current inspection shows skim pit and p/w pit remain in previous condition. Telephone contact attempts to operator on 8/17/12, 8/18/12 and 8/20/12 received by answering machine, requested return call to COGCC, no response. Moving directly to violation.

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
221174	WELL	PR	10/04/1996	OW	075-09300	STATE 5	<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 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**

<b>Lease Road:</b>				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	No signage at wellhead	Install sign to comply with rule 210.b.	08/31/2012
BATTERY	Unsatisfactory	Sign at battery is required to list all associated wells. Must have valid emergency contact info.	Install sign to comply with rule 210.b.	08/31/2012

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 08/31/2012

Comment: Emergency contact no. is required to be answered by live attendant 24-7-365.

Corrective Action: Provide emergency contact no. with live attendant answering emergency response.

<b>Good Housekeeping:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory		Remedy weeds	08/31/2012
UNUSED EQUIPMENT	Unsatisfactory	Unused tank near p/w tank	Remove unused equipment	08/31/2012
DEBRIS	Unsatisfactory		Remove debris	08/31/2012

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	Tank	<= 5 bbls	Remove or remediate stained soil at load out and along edge of berm.	08/31/2012
Crude Oil	WELLHEAD	<= 5 bbls	Remove or remediate stained soil at stuffing box.	08/31/2012

☒ Multiple Spills and Releases?

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	4	Satisfactory			
Ancillary equipment	1	Satisfactory	propane tank		
Vertical Heated Separator	1	Satisfactory			
Pump Jack	1	Satisfactory			
Bird Protectors	1	Satisfactory			
Gas Meter Run	1	Satisfactory			

Inspector Name: SCHURE, KYM

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	40.000000,103.000000
S/U/V:	Unsatisfactory	Comment:		
Corrective Action:				Corrective Date: 08/31/2012
<b>Paint</b>				
Condition				
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Insufficient	Inadequate
Corrective Action	Berm is inadequate in area and height of walls.			Corrective Date 08/31/2012
Comment	Moving to NOAV			
<b>Venting:</b>				
Yes/No	Comment			
<b>Flaring:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 312310

**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: 221174 Type: WELL API Number: 075-09300 Status: PR Insp. Status: PR

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: SCHURE, KYM

Comment: <input style="width:700px" type="text"/>			
Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
<b>Water Well:</b>			
		Lat _____	Long _____
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	
<b>Field Parameters:</b>			
<input style="width:300px" type="text"/>			
Sample Location: <input style="width:400px" type="text"/>			
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? Fail CM \_\_\_\_\_

CA Remove debris CA Date 08/31/2012

Waste Material Onsite? In CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Fail CM \_\_\_\_\_

CA Remove unused equipment CA Date 08/31/2012

Pit, cellars, rat holes and other bores closed? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors removed? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

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

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? Pass Subsidence over on drill pit? In

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? In

**RESTORATION AND REVEGETATION**

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

<u>Non-Cropland</u>			
Top soil replaced	In	Recontoured	In
80% Revegetation	In		
1003 f.	Weeds Noxious weeds?	F	
Comment:			
Overall Interim Reclamation	Fail		

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	_____	Multi-Well Location	<input type="checkbox"/>

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: \_\_\_\_\_

Inspector Name: SCHURE, KYM

Pit Type:	Skimming/Settling	Lined:	NO	Pit ID:		Lat:		Long:	
<b>Lining:</b>									
Liner Type:		Liner Condition:							
Comment:									
<b>Fencing:</b>									
Fencing Type:		Fencing Condition:							
Comment:									
<b>Netting:</b>									
Netting Type:		Netting Condition:							
Comment:									
Anchor Trench Present:		Oil Accumulation:		YES		2+ feet Freeboard:			
Pit (S/U/V):		Violation		Comment:					
Corrective Action:								Date:	