

**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:

09/17/2012

Document Number:

663901652

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>205951</u>	<u>321069</u>		<u>QUINT, CRAIG</u>

Operator Information:OGCC Operator Number: 76859 Name of Operator: SCHREIDER & COMPANY, INCAddress: 240 W JESSUP STCity: BRIGHTON State: CO Zip: 80601**Contact Information:**

Contact Name	Phone	Email	Comment
Arnold, Diana	303-659-8203	darnold@agcsi.com	

Compliance Summary:QtrQtr: NWSE Sec: 17 Twp: 31S Range: 41W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/15/2011	200302734	PR	PR	U			Y
08/09/2010	200266435	PR	PR	U			Y
11/12/2008	200199052	PR	PR	S			N
03/19/2008	200128696	PR	PR	U			Y
01/03/2001	200013011	PR	PR	S	I	P	N
01/14/2000	200003082	PR	PR	S		P	N
03/11/1999	500136241	PR	PR			P	N
02/09/1998	500136240	PR	PR			P	N
01/16/1997	500136239	PR	PR			P	N
02/13/1996	500136238	PR	PR			P	Y

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
205951	WELL	PR	11/29/2006	GW	009-06366	STATE 1-17	<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**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	2 TRACK THROUGH FARM GROUND		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory	STICKER ON TANK		
OTHER	Satisfactory	LEASE SIGN MOUNTED ON METER RUN		

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	MISC DEBRIS OVER LOCATION	REMOVE DEBRIS	12/17/2012

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
Vertical Separator	2	Satisfactory	2-VGS'S ON CEMENT PADS		
Gas Meter Run	1	Satisfactory			
Prime Mover	1	Satisfactory	WAUKESHA GAS ENGINE		
Ancillary equipment	2	Satisfactory	2-GAS SCRUBBERS		
Pump Jack	1	Unsatisfactory	114 AMERICAN ON SILLS WITH DIRT BASE WASHED OUT FROM UNDER UNIT.	RESET OR REMOVE UNIT.	12/17/2012

Inspector Name: QUINT, CRAIG

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	200 BBLS	Open Top	37.343570,-102.065540	
S/U/V:	Satisfactory	Comment: 210BBL OTFGWT W/ADEQUATE WILDLIFE NETTING.			
Corrective Action:				Corrective Date:	
Paint					
Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate	Walls Insufficient	Base Sufficient	Inadequate	
Corrective Action	REPAIR BERMS			Corrective Date	12/17/2012
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 321069

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: 205951 Type: WELL API Number: 009-06366 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

Environmental**Spills/Releases:**

Inspector Name: QUINT, CRAIG

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:		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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

1003a.	Debris removed? <u>Fail</u>	CM <u>MISC DEBRIS OVER LOCATION</u>	
CA	<div style="border: 2px solid red; padding: 2px;">REMOVE DEBRIS</div>		CA Date <div style="border: 2px solid red; padding: 2px;">12/17/2012</div>
	Waste Material Onsite? <u>Pass</u>	CM _____	
CA	_____		CA Date _____
	Unused or unneeded equipment onsite? <u>Pass</u>	CM _____	
CA	_____		CA Date _____
	Pit, cellars, rat holes and other bores closed? <u>Pass</u>	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? <u>Pass</u>	Production areas stabilized ? <u>Pass</u>
1003c.	Compacted areas have been cross ripped? _____	
1003d.	Drilling pit closed? <u>Pass</u>	Subsidence over on drill pit? <u>Pass</u>
	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? <u>Pass</u>	Segregated soils have been replaced? <u>Pass</u>

RESTORATION AND REVEGETATION

Cropland

Inspector Name: QUINT, CRAIG

Top soil replaced Pass

Recontoured Pass

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OF THE LOCATION ARE FARMED.

Overall Interim Reclamation Pass

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 _____

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Other	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____