

FORM
INSPRev
05/11State 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:

09/25/2012

Document Number:

663300607

Overall Inspection:

Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: SCHURE, KYM
	427449	427445		

Operator Information:

OGCC Operator Number: 16660 Name of Operator: CHESAPEAKE OPERATING INC

Address: P O BOX 18496

City: OKLAHOMA CITY State: OK Zip: 73154-

Contact Information:

Contact Name	Phone	Email	Comment
Anderson, Sandi	O 307-234-9045	sandi.andrew@chk.com	

Compliance Summary:

QtrQtr: NENE Sec: 16 Twp: 3N Range: 61W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
427449	WELL	PR	05/31/2012		123-34991	STATE 16-3-61 1H	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: 1	Production Pits: _____
Condensate Tanks: _____	Water Tanks: 1	Separators: 3	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: 1
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: 3	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: 1	Fuel Tanks: 1

Location

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Unsatisfactory	Placard on all (4) tanks indicate same contents for fire code. Operator name not placed on tanks.	Install sign to comply with rule 210.b.	11/01/2012

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

Corrective Date: _____

Inspector Name: SCHURE, KYM

Comment:

Corrective Action:

Spills:

Type	Area	Volume	Corrective action	CA Date
Lube Oil	Pump Jack	<= 5 bbls	Repair leak at engine on pump jack, remove or remediate stained soil	11/01/2012

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			
WELLHEAD	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	1	Satisfactory	Propane tank		
Bird Protectors	3	Satisfactory			
Ancillary equipment	1	Unsatisfactory	No containment under chemical/lubricant tank at pump jack	Install containment under lubricant tank	11/01/2012
Emission Control Device	1	Satisfactory			
Vertical Heater Treater	1	Satisfactory			
Flare	1	Satisfactory			
Pump Jack	1	Satisfactory	Leak at engine		
Gas Meter Run	1	Satisfactory			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	,

S/U/V:

Comment:

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	
Comment			

Inspector Name: SCHURE, KYM

Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	3	400 BBLS	STEEL AST	40.000000,104.000000
S/U/V:	Comment:			
Corrective Action:				Corrective Date:
Paint				
Condition				
Other (Content)				
Other (Capacity)				
Other (Type)				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				
Venting:				
Yes/No	Comment			
Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 427445

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: 427449 Type: WELL API Number: 123-34991 Status: PR Insp. Status: PR

Producing Well

Comment: OW located in grassland. Pump jack, P/W stored in tank, hauled for disposal., Gas meter run.

Environmental**Spills/Releases:**

Inspector Name: SCHURE, KYM

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: RANGELAND

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?	Fail	CM	Drilled anchors at pump jack
	CA	Remove anchors, marked by traffic cone		CA Date 11/01/2012
	Guy line anchors marked?		CM	_____
	CA	_____ CA Date _____		

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

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass 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? Pass Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Inspector Name: SCHURE, KYM

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ I _____

Comment: _____

Overall Interim Reclamation _____ In Process _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RANGELAND _____

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
Berms	Pass	Ditches	Pass	SI	Pass	
Gravel	Pass	Gravel	Pass	SI	Pass	

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____