

**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:

11/06/2012

Document Number:

668200297

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>211904</u>	<u>334513</u>		<u>LEONARD, MIKE</u>

Operator Information:OGCC Operator Number: 10082 Name of Operator: MANZANO LLCAddress: P O BOX 2107City: ROSWELLState: NMZip: 88202**Contact Information:**

Contact Name	Phone	Email	Comment
Hanagan, Mike	575-623-1996/575-420-8821	mhanagan@dfn.com	
Ragsdale, Paul	575-623-1996/575-626-7903	pragsdale @ qwestoffice.net	
Landon, Clay	719-742-5379/719-989-1101	Clay.landon@ gmail.com	

Compliance Summary:QtrQtr: SENE Sec: 4 Twp: 29S Range: 69W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/10/2011	200310207	PR	PR	S			N
04/24/2008	200188980	PR	PR	S			N
06/19/2003	200040907	PR	SI	U		F	Y
11/19/2002	200031777	ID	TA	S		P	N
01/19/2000	200003502	ID	SI	S	I	P	N
06/04/1998	500143444	ID	SI			P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
211904	WELL	PR	08/01/2006	GW	055-06142	HARRY WILLIS 1	<input checked="" type="checkbox"/>
211905	WELL	PR	10/01/2009	GW	055-06143	HARRY WILLIS 2	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LEONARD, MIKE

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

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	BOTH WELL SIGNS OK		

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	PARTIAL JOINT OF CASING. PIPE FITTING, REMOVED GUY LINE ANCHOR, 1" PIPE ON LOCATION	REMOVE DEBRIS	12/31/2012

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
Gas Meter Run	1	Satisfactory	GPS 37.55668 N - 105.11037 W. PIPELINE RISER STUB DIRECTLY SOUTH OF GMR		
Deadman # & Marked	7	Unsatisfactory	6 MARKED. ONE FOUND ON SOUTH EDGE OF LOCATION UNMARKED	MARK OR REMOVE ANCHOR	01/31/2013

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334513

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: 211904 Type: WELL API Number: 055-06142 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING FREE FLOW

Facility ID: 211905 Type: WELL API Number: 055-06143 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING FREE FLOW

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? Fail CM _____CA **MARK ALL ANCHORS OR REMOVE UNMARKED** CA Date **01/31/2013**1003b. Area no longer in use? Pass Production areas stabilized ? Pass

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? Pass Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation In Process

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
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____