

**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:

11/28/2012

Document Number:

669400288

Overall Inspection:

Violation**FIELD INSPECTION FORM**

Location Identifier: 273866 Facility ID: 306888 Loc ID: Tracking Type: Inspector Name: LABOWSKIE, STEVE

Operator Information:OGCC Operator Number: 7125 Name of Operator: BEEMAN OIL & GAS LLCAddress: 91 WEDGEWOOD CIRCity: DURANGO State: CO Zip: 81391**Contact Information:**

Contact Name	Phone	Email	Comment
Blake, Alberta	(970) 259-2788	alberta_blake@yahoo.com	
LEONARD, MIKE		mike.leonard@state.co.us	

Compliance Summary:QtrQtr: SWSE Sec: 12 Twp: 33N Range: 13W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/18/2012	668200011	SI	TA	V	F		Y
05/10/2012	661700333	SI	SI	V			Y
10/15/2004	200065522	DG	DG	S		P	N

Inspector Comment:

Wellhead has bucket on top for protection from atmosphere as it has the previous two inspection reports. Well file now indicatess a 100' openhole completion. Wells need to be shut in with a metal, pressure rated flange, bullplug or valve. Drilling pit not closed , no reclamation/interim reclamation work has begun.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
273866	WELL	SI	09/29/2004	GW	067-08979	GROMMET 1	<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		some rutts		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Unsatisfactory	tires in trees	remove tires and any other remaining trash	01/01/2013

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	1	Violation	upside-down 5 gal bucket on top casing.	adequately shut in well with sealed metal pressure rated equipment.	01/01/2013

Venting:				
Yes/No	Comment			

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 306888

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: 273866 Type: WELL API Number: 067-08979 Status: SI Insp. Status: SI

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: LABOWSKIE, STEVE

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: majority of domestic trash that was on location has been removed. Tires still off edge of disturbance, hidden from view slightly by trees. Grasses and shrubs revegetating location in places. Dead tree wood debris piles from location building pushed off on edges and into woodland. Wood piles need to be removed or dispersed.

1003a. Debris removed? Fail CM wood piles

CA remove or disperse wood piles CA Date 01/01/2013

Waste Material Onsite? Fail CM tires still on site behind trees

CA remove tires CA Date 01/01/2013

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Fail CM _____

CA closed drilling pit CA Date 01/01/2013

Guy line anchors removed? _____ CM no anchors visible

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? Pass

1003d. Drilling pit closed? Fail 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? In

Production areas have been stabilized? In Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Inspector Name: LABOWSKIE, STEVE

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____ In _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation Fail

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		Compaction	Pass			

S/U/V: _____ Corrective Date: _____

Comment: open pit and cuttings trough

CA: _____