

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 |
|----|----|----|----|

Inspection Date:
11/19/2012

Document Number:
669300268

Overall Inspection:

Violation

FIELD INSPECTION FORM

| | | | | |
|---------------------|---------------|---------------|---------------|-------------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: <u>NEIDEL, KRIS</u> |
| | <u>222825</u> | <u>312913</u> | | |

Operator Information:

| | |
|-----------------------------------|--|
| OGCC Operator Number: <u>9006</u> | Name of Operator: <u>BOOCO'S CONTRACT SERVICES INC</u> |
| Address: <u>P O BOX 572</u> | |
| City: <u>HAYDEN</u> | State: <u>CO</u> Zip: <u>81639</u> |

Contact Information:

| Contact Name | Phone | Email | Comment |
|-----------------|-------|----------------------------|----------------|
| Booco, Randy | | boocosinc@aol.com | owner operator |
| KELLERBY, SHAUN | | shaun.kellerby@state.co.us | |

Compliance Summary:

| QtrQtr: <u>SESW</u> | Sec: <u>9</u> | Twp: <u>6N</u> | Range: <u>90W</u> | | | | |
|---------------------|---------------|----------------|-------------------|------------------------------|----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 01/09/2012 | 662300101 | | | U | | | N |
| 02/16/2011 | 200298439 | PR | PR | U | | | Y |
| 06/09/2003 | 200045159 | PR | PR | S | | P | N |
| 06/19/2000 | 200010069 | PR | PR | S | | P | N |
| 08/24/1994 | 500154542 | | | | | | |

Inspector Comment:

well is at the Craig gas processing facility, the pumping unit is less than 10 feet from truck access road where the trucks are unloading gas. Wellhead is excessively oily....this well has been operated like this for some time, it is time to stop the pools of oil around the wellhead. Evaluate practices to prevent further leaking, remediate oily soil. This will be the last inspection report requiring operator to keep the area at the wellhead clean, the next step will be enforcement action by the COGCC. When required corrective actions are complete please submit a Form 42 under "notice of Inspection Corrective Action Performed".

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 222825 | WELL | PR | 07/17/1973 | OW | 081-06185 | KOWACH 1-9 | <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

| Signs/Marker: | | | | |
|----------------------|-----------------------------|--|---|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Unsatisfactory | no sign | Install sign to comply with rule 210.b. | 01/01/2013 |
| TANK LABELS/PLACARDS | Satisfactory | tanks now has nfpa label, contents and volume, better than previous inspection still not complete information. | it should be clear what tanks are associated with the well and not a part of the gas plant. | 01/22/2013 |

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

Comment: no emergency number visable

Corrective Action: _____

| Good Housekeeping: | | | | |
|---------------------------|-----------------------------|--|--|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| STORAGE OF SUPL | Unsatisfactory | tubing/rods | Location should be kept free of equipment not necessary for use on lease. Per rule 603.j | 01/15/2013 |
| TRASH | Unsatisfactory | at pumpjack; old chemical injection pump, drum, lube oil | Install sign to comply with rule 210.b. | 01/15/2013 |

| Spills: | | | | |
|----------------|----------|-----------|---|------------|
| Type | Area | Volume | Corrective action | CA Date |
| Crude Oil | WELLHEAD | <= 5 bbls | wellhead is excessively oily....this well has been operated like this for some time, it is time to stop the pools of oil around the wellhead. Evaluate practices to prevent further leaking, remediate oily soil. This will be the last inspection report requiring operator to keep the area at the wellhead clean, the next step will be enforcement action by the COGCC. | 12/25/2012 |

Multiple Spills and Releases?

| Equipment: | | | | | |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Horizontal Heated Separator | 1 | Satisfactory | | | |

| | | | | | |
|--------------------|--------------|-----------------------------------|---------------------|-------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | 400 BBLS | | | |
| S/U/V: | Satisfactory | | Comment: | | |
| Corrective Action: | | | | | Corrective Date: |
| <u>Paint</u> | | | | | |
| Condition | Adequate | | | | |
| Other (Content) | _____ | | | | |
| Other (Capacity) | _____ | | | | |
| Other (Type) | _____ | | | | |
| <u>Berms</u> | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | | Corrective Date |
| Comment | | | | | |

| | | | | | |
|--------------------|--------------|-----------------------------------|---------------------|-------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| CRUDE OIL | 3 | 400 BBLS | STEEL AST | | |
| S/U/V: | Satisfactory | | Comment: | | |
| Corrective Action: | | | | | Corrective Date: |
| <u>Paint</u> | | | | | |
| Condition | Adequate | | | | |
| Other (Content) | _____ | | | | |
| Other (Capacity) | _____ | | | | |
| Other (Type) | _____ | | | | |
| <u>Berms</u> | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | | Corrective Date |
| Comment | | | | | |

| | | |
|-----------------|---------|--|
| Venting: | | |
| Yes/No | Comment | |
| | | |

| | | | | |
|-------------------|-----------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Ignitor/Combustor | Satisfactory | | | |

Predrill

Location ID: 312913

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: 222825 Type: WELL API Number: 081-06185 Status: PR Insp. Status: PR

Producing Well

Comment: _____

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: _____ 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: _____

- 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? _____ CM _____
 CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? Pass

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? In

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

RESTORATION AND REVEGETATION

Cropland

Inspector Name: NEIDEL, KRIS

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation In Process

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | | | | | |
| Berms | Pass | Compaction | Pass | | | |
| Seeding | Pass | | | | | |
| Compaction | Pass | Gravel | Pass | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

| COGCC Comments | | |
|--|---------|------------|
| Comment | User | Date |
| well is at the Craig gas processing facility, the pumping unit is less than 10 feet from truck access road where the trucks are unloading gas. Wellhead is excessively oily....this well has been operated like this for some time, it is time to stop the pools of oil around the wellhead. Evaluate practices to prevent further leaking, remediate oily soil. This will be the last inspection report requiring operator to keep the area at the wellhead clean, the next step will be enforcement action by the COGCC. When required corrective actions are complete please submit a Form 42 under "notice of Inspection Corrective Action Performed". | neidelk | 12/11/2012 |