

Inspector Name: QUINT, CRAIG

**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:

02/13/2013

Document Number:

668600358

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>273801</u>	<u>321179</u>		<u>QUINT, CRAIG</u>

Operator Information:OGCC Operator Number: 10329 Name of Operator: NICHOLS * ORVILLE BAddress: 823 S. DETROIT AVE - SUITE 300City: TULSA State: OK Zip: 74120**Contact Information:**

Contact Name	Phone	Email	Comment
MANSFIELD, LISA	(918) 398-2726	lisa.mansfield@nbiservices.com	

Compliance Summary:QtrQtr: SWNE Sec: 16 Twp: 35S Range: 46W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/22/2010	200257282	PR	PR	S			N
03/31/2010	200240345	PR	SI	U			Y
07/16/2008	200193300	PR	PR	S			N
05/02/2007	200110317	PR	PR	S		P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
273801	WELL	PR	07/08/2010	OW	009-06627	STATE OF COLORADO 1-16	<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 Motors: _____	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	DIRT ROAD THROUGH PASTURE.		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Unsatisfactory	NO VISIBLE SIGN TO INFORM OF ASSOCIATED WELLS TO BATTERY.	Install sign to comply with rule 210.b.	05/13/2013
WELLHEAD	Satisfactory	LEASE SIGN MOUNTED TO FENCE		
TANK LABELS/PLACARDS	Unsatisfactory	NO VISIBLE TANK LABELING.	Install sign to comply with rule 210.d.	05/13/2013

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

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	STEEL PANELS AROUND WELLHEAD AND UNIT.		
TANK BATTERY	Satisfactory	ALL BATTERY EQUIPMENT FENCED WITH WIRE.		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	7	Satisfactory	SOLAR POWERED CATHOTIC RECTIFIER, GAS SCRUBBER, GAS ENGINE DRIVEN CIRCULATING PUMP, CHEMICAL TANK W/CONTAINMENT & SOLAR POWERED PUMP, 2-OIL TANKS W/CONTAINMENTS		
Pump Jack	1	Satisfactory	456 AMERICAN		
Deadman # & Marked	4	Unsatisfactory	DEADMEN ARE NOT ALL MARKED.	MARK ALL DEADMEN	05/13/2013
Veritcal Heater Treater	1	Satisfactory			
Vertical Separator	1	Satisfactory			
Prime Mover	1	Satisfactory	ARROW GAS ENGINE		
Gas Meter Run	2	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	300 BBLS	HEATED STEEL AST	36.996350,-102.604830	
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	
PRODUCED WATER	2	300 BBLS	FIBERGLASS AST	36.996350,-102.604830	
S/U/V:	Satisfactory		Comment: SHARED BERM		
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	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 321179

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: 273801 Type: WELL API Number: 009-06627 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING, CENTRAL BATTERY F/(STATE OF COLORADO 1-16, 2-16, 3-16, 4-16)

Environmental**Spills/Releases:**

Inspector Name: QUINT, CRAIG

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?	Fail	CM	DEADMEN NOT ALL MARKED	
	CA	MARK ALL DEADMEN			CA Date
					05/13/2013

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

RESTORATION AND REVEGETATION

Cropland

Inspector Name: QUINT, CRAIG

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OF THE LOCATION ARE PASTURE AND USED FOR EQUIPMENT STORAGE YARD.

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
Gravel	Fail	Compaction	Pass	MHSP	Pass	

S/U/V: Unsatisfactory Corrective Date: 05/13/2013

Comment: MILD EROSION OFF OF PAD ON NORTH SIDE OF UNIT.

CA: REPAIR EROSION AND INSTALL BMP'S.