

**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:

02/15/2013

Document Number:

668600364

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>207394</u> | <u>321592</u> | | <u>QUINT, CRAIG</u> |

Operator Information:OGCC Operator Number: 10017 Name of Operator: CHACO ENERGY COMPANYAddress: P O BOX 1587City: DENVERState: COZip: 80201**Contact Information:**

| | | | |
|--------------|---------------|------------------|--------------------|
| Contact Name | Phone | Email | Comment |
| Nelson, Alan | (405)942-3751 | chaco@swbell.net | Production Manager |

Compliance Summary:QtrQtr: NWSW Sec: 29 Twp: 12S Range: 44W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 02/02/2012 | 663900536 | PR | PR | S | P | | N |
| 06/21/2010 | 200257071 | PR | PR | S | | | N |
| 06/25/2008 | 200191804 | PR | PR | S | | | N |
| 11/06/2006 | 200098614 | PM | PR | U | | F | Y |
| 12/18/2001 | 200022519 | PR | PR | U | | F | Y |
| 06/09/1999 | 873301 | PR | PR | S | | P | N |
| 11/04/1997 | 500138564 | PR | PR | | | F | Y |
| 03/12/1996 | 500138563 | PR | WO | | | P | |
| 01/31/1995 | 500138562 | ID | TA | | | F | |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------------------------------|
| 207394 | WELL | PR | 02/13/1998 | GW | 017-06329 | CHAMPLIN 360 AMOCO A 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 | Satisfactory | PARTIALLY GRAVELED ROAD THROUGH PASTURE. | | |

| | | | | |
|----------------------|-----------------------------|--------------------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | Lease sign by well | | |

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 pipe around wellhead | | |

| | | | | |
|---|--------------|----------|--|-----------------------|
| Facilities: <input type="checkbox"/> New Tank Tank ID: _____ | | | | |
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | | | STEEL AST | 38.977930,-102.368980 |
| S/U/V: | Satisfactory | Comment: | TANKS HAVE BEEN REMOVED, BERMS AND TANK PAD HAVE BEEN LEVELED. | |
| 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 | | | | |

| | | | | |
|--------------------|-----------------------------|-----------------------------------|-----------------------|-----------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | | | FIBERGLASS AST | 38.977930,-102.368980 |
| S/U/V: | Satisfactory | Comment: | TANK HAS BEEN REMOVED | |
| Corrective Action: | | | | Corrective Date: |
| <u>Paint</u> | | | | |
| Condition | | | | |
| Other (Content) | _____ | | | |
| Other (Capacity) | _____ | | | |
| Other (Type) | _____ | | | |
| <u>Berms</u> | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |
| <u>Venting:</u> | | | | |
| Yes/No | Comment | | | |
| | | | | |
| <u>Flaring:</u> | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 321592

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: 207394 Type: WELL API Number: 017-06329 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

Environmental**Spills/Releases:**

Inspector Name: QUINT, CRAIG

| | | |
|--|------------------------------|-------------------------------|
| Type of Spill: _____ | Description: _____ | Estimated Spill Volume: _____ |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |
| 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? _____ | CM _____ | |
| | CA _____ | | CA Date _____ |
| | Waste Material Onsite? _____ | CM _____ | |
| | CA _____ | | CA Date _____ |
| | Unused or unneeded equipment onsite? _____ | CM _____ | |
| | CA _____ | | CA Date _____ |
| | Pit, cellars, rat holes and other bores closed? _____ | 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? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

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

RESTORATION AND REVEGETATION

Cropland

Inspector Name: QUINT, CRAIG

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Other | Pass | Compaction | Pass | | | |

S/U/V: Satisfactory _____

Corrective Date: _____

Comment: LOCATION AND PART OF ROAD GRASSED OVER.

CA: _____