

Inspector Name: SCHURE, KYM

**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:

03/07/2013

Document Number:

664000827

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	233535	316963	SCHURE, KYM	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 74770 Name of Operator: RITCHIE EXPLORATION INCAddress: P O BOX 783188City: WICHITA State: KS Zip: 67278-**Contact Information:**

Contact Name	Phone	Email	Comment
AXELSON, JOHN		john.axelson@state.co.us	
Rowe, Gary	(620) 872-0330	rowe_gary@sbcglobal.net	Operations

Compliance Summary:

QtrQtr:	<u>NESW</u>	Sec:	<u>15</u>	Twp:	<u>3S</u>	Range:	<u>54W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/18/2007	200121177	PR	PR	S			N
03/12/2007	200106674	PR	PR	U		F	Y
07/16/2003	200041683	PR	SI	S		P	N
02/25/2002	200024450	PR	PR	S		P	N
06/21/2001	851497	ES	PR	S		P	N
01/08/2001	882443	ES	PR	U		F	Y
07/19/2000	8811223	ES	AO	U		F	Y
04/16/1998	500158385	ES	PR			F	Y
04/15/1998	500158384	ES	PR			F	Y
11/08/1995	500158383	PR	PR			P	
09/26/1995	500158382	PR	PR			F	Y

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
233535	WELL	PR	10/01/2012	OW	121-05584	PETERSON 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 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**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Unsatisfactory	No placarding on separator	Install sign to comply with rule 210.b.	04/30/2013
TANK LABELS/PLACARDS	Unsatisfactory	All tanks, vessels and containers must be placarded with contents, quantities and fire code	Install sign to comply with rule 210.b.	04/30/2013
WELLHEAD	Unsatisfactory	No sign	Install sign to comply with rule 210.b.	04/30/2013
BATTERY	Unsatisfactory	Invalid/Incorrect emergency contact no.	Install sign to comply with rule 210.b.	04/30/2013

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 04/30/2013

Comment: Emergency contact no. must be received by live attendant 24-7-365. 911 is not a valid emergency contact no. for area first responders

Corrective Action: Install signage with valid emergency contact no.

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	Tubing, polish rod, well head parts, tools and sucker rod laying on ground at pump jack	Remove all debris, trash and unused equipment	04/30/2013
DEBRIS	Unsatisfactory	Discarded pipe around outside base of berm at P/W pit.	Remove debris	04/30/2013

Spills:

Type	Area	Volume	Corrective action	CA Date
Crude Oil	Tank	<= 5 bbls	Crude spill within berm at tank battery. Remove and remediate crude and effected soils.	04/30/2013
Crude Oil	WELLHEAD	<= 5 bbls	Remove/remediate stained soil at wellhead, do not just throw dirt on top.	04/30/2013
Crude Oil		<= 5 bbls	Crude residue has passed through skim pit onto P/W pit. Remove oil residue from surface of P/W pit and berm soil.	04/30/2013
Crude Oil	Separator	<= 5 bbls	Repair leaking valve inside separator shed, remove/remediate affected soil.	04/30/2013

☒ Multiple Spills and Releases?

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	4	Unsatisfactory	(4) chemical additive barrels without containment at pump jack.	Install containment under chemical additive barrels at pump jack or remove all tanks, vessels and containers that do not have containment from location.	04/30/2013
Ancillary equipment	1	Satisfactory			
Vertical Heated Separator	1	Unsatisfactory	Repair leak in valve within shed and construct and maintain adequate berm at separator	Repair leak in valve within shed and construct and maintain adequate berm at separator. Install placarding on separator.	04/30/2013
Pump Jack	1	Unsatisfactory		Maintain pump jack and area of pump jack	04/30/2013
Bird Protectors	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
CRUDE OIL	3	200 BBLS	STEEL AST
S/U/V:	Unsatisfactory	Comment:	
Corrective Action:	Install placarding on all tanks, vessels and containers with contents, quantities and fire code.		Corrective Date: 04/30/2013

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Insufficient	Inadequate
Corrective Action	Construct and maintain adequate berm at separator			Corrective Date 04/30/2013
Comment				

Venting:	
Yes/No	Comment
YES	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 316963

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: 233535 Type: WELL API Number: 121-05584 Status: PR Insp. Status: PR

Producing Well

Comment: Numerous non-compliance issues. Unlined skim pit requiring closure, reconstruction/remediation.

Environmental**Spills/Releases:**

Inspector Name: SCHURE, KYM

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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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	
<u>Cropland</u>	

Inspector Name: SCHURE, KYM

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

S/U/V: **Unsatisfactory**

Corrective Date: **04/30/2013**

Comment: **No stormwater BMP's utilized on location.**

CA: **Install stormwater BMP's for erosion and maintain location surface.**

Pits:

Inspector Name: SCHURE, KYM

Pit Type: Skimming/Settling Lined: NO Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: Unlined skim pit violation

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: YES 2+ feet Freeboard: _____

Pit (S/U/V): Unsatisfactory Comment: _____

Corrective Action: Remove/remediate/line unlined skim pit or remove/remediate/replace with skim tank.
Submit Form 27 to COGCC Environmental for closure of pit and re-permitting of
changed pit.

Date: 04/30/2013