

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:
03/08/2013

Document Number:
664000832

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>220255</u>	<u>312263</u>	<u>SCHURE, KYM</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: 95620 Name of Operator: WESTERN OPERATING COMPANY
 Address: 518 17TH ST STE 200
 City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
ROBERTSON, KEN		ken.robertson@state.co.us	Please read comments
AHLSTRAND, DENNIS		dennis.ahlstrand@state.co.us	Please read comments
ONYSKIW, DENISE		denise.onyskiw@state.co.us	Satisfactory for 2013 UIC/MIT program
James, Steven	(303) 893-2438	s.d.james@att.net	

Compliance Summary:

QtrQtr: SENE Sec: 34 Twp: 9N Range: 54W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/30/2012	665400560	SI	SI	S	P		N
06/16/2011	200312784	MI	SI	S			N
08/25/2010	200268732	SR	AC	S	I		N
07/26/2010	200263872	RT	AC	U			N
11/05/2009	200221554	MI	AC	S			N
06/30/2009	200214058	RT	SI	S			N
04/08/2008	200130227	RT	AC	S			N
08/15/2007	200117884	RT	AC	S			N
04/01/2006	200094778	MI	SI	S		P	N
08/17/2005	200075983	RT	AC	S		P	N
05/10/2004	200054419	MI	SI	S		P	N
01/23/2004	200049000	PR	SI	U		F	Y
01/11/1996	500153519	PR	PR			P	N
08/28/1995	500153518	PR	PR			P	N

Inspector Comment:

MIT performed for tubing repair. MIT SATISFACTORY Casing pressure before test 0, pressure at start 420psi., pressure at 5 min. 418psi., pressure at 10 min. 418psi., pressure at 15 min. 418psi., Loss or gain -2.COGCC Database shows well status as SI. Well has been utilized as an active injection well since 2004. Current Operator has approved Form 33 dated April, 2004. Field Inspector requesting GIS update, mapping shows only SI/PR, no indication of Injection status.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
220255	WELL	SI	06/09/2009	ERIW	075-08377	EMERALD 8-34	X

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 at wellhead, Walsh Production sign at entrance to lease road (obsolete).	Install sign to comply with rule 210.b.	04/30/2013

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

Comment: _____

Corrective Action: Install sign to comply with rule 210.b.

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

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312263

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: 220255 Type: WELL API Number: 075-08377 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 06/16/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: _____

Comment: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: _____ Csg psi: 418 BH psi: _____

Insp. Status: Pass

Comment: MIT results SATISFACTORY Tubing Repair Casing pressure before test 0, pressure at start 420psi., pressure at 5 min. 418psi., pressure at 10 min. 418psi., pressure at 15 min. 418psi. Loss or gain -2. UIC/MIT Program 2013 SATISFACTORY Requesting GIS well status update

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? _____ 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

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

Inspector Name: SCHURE, KYM

S/U/V: Satisfactory Corrective Date: _____

Comment: No surface erosion from stormwater run-off observed

CA: _____