

**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:

03/12/2013

Document Number:

666800021

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>244550</u>	<u>408001</u>	<u>ASH, MARGARET</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 100182 Name of Operator: GRIFFIN MANAGEMENT LLC

Address: P O BOX 670

City: BYERS State: CO Zip: 80103

Contact Information:

Contact Name	Phone	Email	Comment
ASH, MARGARET		margaret.ash@state.co.us	

Compliance Summary:

QtrQtr:	<u>SWSE</u>	Sec:	<u>31</u>	Twp:	<u>2N</u>	Range:	<u>61W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/19/2012	658400033			V			Y
01/19/2012	658400036			S			N
01/19/2012	658400035			S			N
12/06/2011	658400019			S			N
11/04/2010	200284282	HR	PA	S	P	P	N
11/01/2005	200079205	PM	AL	U		P	N
10/24/2005	200078817	PR	AC	S		P	N
06/07/2005	200071851	BH	AL	U	P	P	N
07/25/2002	200030682	PR	VP	U		P	N
12/14/1999	200001830	SR	WO	U	P	P	N
03/04/1999	500168459	PR	PR			P	N
01/20/1997	500168458	PR	PR			F	Y
	663300002						

Inspector Comment:

THIS INSPECTION IS A TEST AND WILL BE DELETED FROM THE RECORD. MARCH 12, 2013

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
244550	WELL	PA	06/04/2004	GW	123-12345	KASEY 34-31	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: ASH, MARGARET

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	Unsatisfactory	LEASE ROAD HAS RUTS AND AREAS WHERE OIL AND GAS TRAFFIC HAS DRIVEN BEYOND DISTURBED AREAS.	REPAIR RUTS, IMPROVE ROAD SO OIL FIELD TRAFFIC DOES NOT HAVE TO DIVERT ONTO FIELDS. RECLAIM AREAS DAMAGED BY TRAFFIC.	03/26/2013

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
CONTAINERS	Unsatisfactory	CONTAINERS LABELS FADED AND UNREADABLE	Install sign to comply with rule 210.b.	03/18/2013
TANK LABELS/PLACARDS	Unsatisfactory	NFPA DIAMOND MISSING	Install sign to comply with rule 210.b.	03/18/2013

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Unsatisfactory	EQUIPEMENT NOT NECESSARY FOR PRODUCTION OF LEASE IDENTIFIED ON SITE INLCUDING TANKS, SEPARATORS	REMOVE UNECESSARY EQUIPMENT.	03/26/2013
WEEDS	Unsatisfactory	WEEDS OBSERVED ON WELLPAD AND NEAR TANK BATTERY.	IMPLEMENT WEED MANAGEMENT PRACTICES IN COMPLAINE WITH COUNTY WEED PLAN.	04/05/2013
DEBRIS	Unsatisfactory	DEBRIS NEAR PUMP JACK	REMOVE DEBRIS	03/19/2013

Spills:

Type	Area	Volume	Corrective action	CA Date
Condensate	Tank	> 5 bbls	SUMBIT FORM 19, CLEANUP SPILL, REPAIR CONTROL OR CONTAIN CUASE OF SPILL.	03/19/2013

☐ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Separator	2	Satisfactory	3 PHASE		
Vertical Separator	1	Satisfactory	2 PHASE		

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	400 BBLS	STEEL AST	,
S/U/V:	Unsatisfactory	Comment:	THIEF HATCH OPEN AND VAPORS VENTING. CONDENSATE OBSERVED ON TANK WALLS AND LADDER.	
Corrective Action:	CLOSE THIEF HATCH, CLEAN TANK, REVIEW EQUIPMENT AND WELL PRODUCTION.			Corrective Date:

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	100 BBLS	FIBERGLASS AST	,
S/U/V:	Unsatisfactory	Comment:	TANK HAS OVER FLOWED. FLUIDS POOLED NEAR TANK. AREA 3FT B 3FT @ 6 INCHES	
Corrective Action:	CLEANUP IMPACTED SOILS. SUBMIT LAB DATA FOR COMPLIANCE WITH 910-1			Corrective Date:

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Venting:

Yes/No	Comment
YES	WELL HEAD VENTING,

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ignitor/Combustor	Satisfactory	OPACITY OK, NO VAPORS OBSERVED, IGNITOR.		

Predrill

Location ID: 408001

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: 244550 Type: WELL API Number: 123-12345 Status: PA Insp. Status: PA

Well Stimulation

Stimulation Company: _____

Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____

Fluid: _____

Gas: _____

Idle WellPurpose: ☐ Shut In☐ Temporarily Abandoned

Reminder: _____

S/V: _____

CA Date: _____

CA: _____

Comment: _____

BradenHead

Comment: _____

CA: _____

CA Date: _____

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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200375548	ACCESS	BAROUMAND, SORAYA	Test	02/26/2013
200375548	OTHER	BAROUMAND, SORAYA	Test	02/26/2013
200375548	SURFACE WATER	BAROUMAND, SORAYA	test	02/26/2013

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Inspector Name: ASH, MARGARET

Date Interim Reclamation Started: 12/24/2012

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? Fail CM DEBRIS ONSITE
CA REMOVE CA Date 03/19/2013
Pit, cellars, rat holes and other bores closed? Pass CM _____
CA _____ CA Date _____
Guy line anchors removed? Pass CM _____
CA _____ CA Date _____
Guy line anchors marked? Pass CM _____
CA _____ CA Date _____

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: WASTE MANAGEMENT PLAN XXXX

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

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? F

Comment: CONDUCT WEED MANAGMENT AFTER CONSUTLING WITH SURFACE OWNER.

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 _____

Inspector Name: ASH, MARGARET

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
Silt Fences	Fail					
Sediment Traps	Pass	Check Dams	Pass			
Berms	Pass	Culverts	Pass	MHSP	Pass	
Ditches	Pass					

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: OVERALL STORMWATER ACCEPTABLE BUT ONE 3 FOOT SECTION OF SILT FENCE NEEDS TO BE REPAIRED.

CA: _____

Pits:

Pit Type: Drilling Pit _____ Lined: YES _____ Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: HDPE _____ Liner Condition: Adequate _____

Comment: LINER IN GOOD CONDITION.

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: NOT REQUIRED AT THIS LOCATION

Netting:

Netting Type: _____ Netting Condition: _____

Comment: NOT REQUIRED

Anchor Trench Present: YES _____ Oil Accumulation: NO _____ 2+ feet Freeboard: _____

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

Corrective Action: _____

Date: _____

Monitoring:	Monitoring Type	Comment
	Other	DRILLING PIT MONITORED BY RIG ACTIVITY