

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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FIELD INSPECTION FORM

Location Identifier	Facility ID 212704	Loc ID 324801	Inspector Name: QUINT, CRAIG	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
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Inspection Date:
04/01/2013

Document Number:
668600590

Overall Inspection:
Violation

Operator Information:

OGCC Operator Number: 16520 Name of Operator: CHEMCO INC

Address: 558 CASTLE PINES PKWY UTB4#402

City: CASTLE ROCK State: CO Zip: 80104

Contact Information:

Contact Name	Phone	Email	Comment
LEONARD, MIKE		mike.leonard@state.co.us	
Neher, Gray	303-771-7777	bogray@msn.com	

Compliance Summary:

QtrQtr: SWSE Sec: 35 Twp: 18S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/27/2012	664000669	SI	SI	V			Y
02/02/2012	664000341	PR	TA	V	P		Y
09/24/2010	200276762	PR	PR	S			N
06/02/2010	200254892	PR	PR	U			Y
02/27/2009	200204928	PR	PR	S			N
05/29/2007	200112366	PR	PR	U		F	Y
04/07/2000	200011602	ID	TA	S	I	P	N
11/27/1998	500144582	ID	TA			P	N
03/31/1997	500144581	MT	TA			P	
11/06/1996	500144580	ID	SI			F	Y
10/30/1995	500144579	ID	SI			P	Y
11/07/1994	500144578		SI				Y

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
212704	WELL	SI	02/29/2012	GW	061-06064	MUNDHENKE 1-A	<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

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

Comment: _____

Corrective Action: _____

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: 324801

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: 212704 Type: WELL API Number: 061-06064 Status: SI Insp. Status: PA

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 _____

Inspector Name: QUINT, CRAIG

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 Pass

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured Fail Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed Fail Locations, facilities, roads, recontoured Fail

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% Fail Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: WELL WAS PLUGGED 8/10/2012, CASING HAS BEEN CUT, CAPPED AND BURIED, EQUIPMENT IS STILL IN PLACE, NO EFFORT HAS BEEN MADE TO RECLAIM LOCATION. NO SUBSEQUENT FORM 6, WIRELINE AND CEMENT TICKETS HAVE BEEN SUBMITTED.

Corrective Action: SUBMIT SUBSIQUENT FORM 6, WIRELINE AND CEMENT TICKETS. REMOVE EQUIPMENT AND RECLAIM LOCATION.

Date **05/01/2013**

Overall Final Reclamation Fail 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: _____ Corrective Date: _____

Comment: _____

CA: _____