

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



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Inspection Date:
06/10/2013

Document Number:
664001033

Overall Inspection:

Violation

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>219931</u>	<u>312253</u>	<u>SCHURE, KYM</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: 94300 Name of Operator: WARD & SON* ALFRED
 Address: P O BOX 737
 City: OGALLALLA State: NE Zip: 69153

Contact Information:

Contact Name	Phone	Email	Comment
Ward, Randy	308-284-8350	rlwardne@charter.net	
AXELSON, JOHN		john.axelson@state.co.us	
LEONARD, MIKE		mike.leonard@state.co.us	

Compliance Summary:

QtrQtr: NWSW Sec: 14 Twp: 11N Range: 53W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/05/2012	663300135	PR	PR	U			N
01/07/2008	200124826	PR	PR	S			N
04/20/2006	200089741	PR	PR	U		F	Y
09/26/2005	200077609	PR	SI	U		F	N
09/18/2000	200010003	HR	DA	S	P	P	N

Inspector Comment:

Re-inspection for prior compliance citations. Containment under chemical additive tanks at pump jack have been installed. Emergency contact no. (308) 284-8350 is received by answering phone requesting message left for emergencies. Free crude on surface of P/W pit edge. Magenta (purple) color in P/W pit water, origin unknown.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
219931	WELL	PR	10/10/2007	OW	075-08050	MICHAELS 1

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
BATTERY	Unsatisfactory	Emergency contact no. is invalid	Install sign to comply with rule 210.d.	07/15/2013
WELLHEAD	Unsatisfactory	Emergency contact no. is invalid	Install sign to comply with rule 210.d.	07/15/2013

Emergency Contact Number: (S/U/V) _____ Violation _____ Corrective Date: 07/15/2013

Comment: Emergency contact no. must be received by live attendant 24-7-365.

Corrective Action: Provide valid emergency contant no.

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PUMP JACK	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Veritcal Heater Treater	1	Satisfactory			
Vertical Heated Separator	1	Satisfactory			
Pump Jack	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Bird Protectors	1	Satisfactory			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS

S/U/V: _____ Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment Increase wall height on berm at P/W tank.

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	STEEL AST	,

S/U/V: **Unsatisfactory** Comment: All tanks, vessels and containers require placarding with contents, quantities and fire code

Corrective Action: Placarding on tanks Corrective Date: 07/15/2013

Paint

Condition

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 _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	40.925550, -103.266620

S/U/V: _____ Comment: _____

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 _____

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312253

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: 219931 Type: WELL API Number: 075-08050 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Environmental

Spills/Releases:

Type of Spill: OIL Description: _____ Estimated Spill Volume: _____
 Comment: _____
 Corrective Action: Remove crude from surface of P/W pit. Date: 06/30/2013
 Reportable: _____ GPS: Lat 40.925690 Long -103.266590
 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: 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: Satisfactory _____ Corrective Date: _____

Comment: NO surface erosion from O&G operations observed.

CA: _____

Pits:

Pit Type: Produced Water Lined: NO Pit ID: _____ Lat: 40.925700 Long: -103.266560

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

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): Violation Comment: Crude on edges of surface P/W pit. Magenta (purple) colored substance in P/W pit, origin unknown.

Corrective Action: Remove free crude in P/W pit within 24 hrs of notice. Date: 07/15/2013

Pits:

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

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

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): Violation Comment: Free crude on surface of P/W pit. Remove within 24 hours of notice. Magenta color in P/W.

Corrective Action: _____ Date: _____