

**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
----	----	----	----

Inspection Date:

07/11/2013

Document Number:

668001370

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>429619</u>	<u>429618</u>	<u>DURAN, JOHN</u>	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 78110 Name of Operator: SWEPI LPAddress: 4582 S ULSTER ST PKWY #1400City: DENVER State: CO Zip: 80237**Contact Information:**

Contact Name	Phone	Email	Comment
Bergstrom, Michael		michael.bergstrom@shell.com	Sr. Regulatory Advisor
LEONARD, MIKE		mike.leonard@state.co.us	

Compliance Summary:QtrQtr: NWSW Sec: 24 Twp: 27S Range: 69W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/04/2013	668000853	DG	IO	S	I		N
12/13/2012	668200365	DG	WO	S			N
11/27/2012	668200346	DG	DG	S			N
11/07/2012	668200318	XX	DG	S			N
11/01/2012	668200287	XX	ND	S			N
09/12/2012	663600179	XX	ND	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
429619	WELL	WO	02/01/2013	LO	055-06309	Freeman 3-24	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>1</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
Electric Generators: <u>2</u>	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>2</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: <u>1</u>

Location

Inspector Name: DURAN, JOHN

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

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

Comment: _____

Corrective Action: _____

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

Fencing:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 429618

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	koepsear	Provide notice to COGCC 48-hours prior to commencement of Hydraulic Fracturing activities via form 42.	05/23/2012
OGLA	koepsear	Only enclosed flares shall be utilized at the location. A Form 4 Sundry Notice is required to be filed with the COGCC stating that flaring will be taking place on the location. The Sundry is required to be submitted and approved prior to initiating flaring. The Sundry shall also include a line drawing of the flare.	07/03/2012
OGLA	koepsear	Provide notice to COGCC 48-hours prior to commencement of construction activities via form 42.	05/23/2012

OGLA	koepsear	<p>The operator will conduct baseline sampling of (at a minimum) the two (2) closest water wells prior to spudding the well. The operator may conduct additional groundwater monitoring at their own discretion.</p> <p>Laboratory analysis at a minimum will include the following: pH (lab), TDS, Conductivity (lab, not resistivity), SAR calculation, Ca, K, Mg, Na, As, B, Ba, Cd, Cr, Cu, Fe, Mn, Pb, Se (all total recoverable), Br, Cl, F, SO₄, Alkalinity (Total, HCO₃ and CO₃ – all expressed as CaCO₃), benzene, toluene, ethyl benzene, o-xylene, m- + p-xylene, Dissolved Methane, DRO, GRO. Field parameters including pH, Temperature and Conductivity shall be recorded prior to collecting the sample for laboratory analysis. Field observations such as odor, water color, sediment, bubbles and effervesce shall also be included.</p> <p>If free gas or a dissolved methane concentration level greater than one (1) milligrams per liter (mg/l) is detected in a water well, gas compositional analysis and stable isotope analysis of the methane (carbon and deuterium) shall be performed to determine gas type (biogenic or thermogenic). If the methane concentration increases by more than five (5) mg/l between sampling periods, or increases to more than ten (10) mg/l, the operator shall notify the Director and the owner of the water well immediately. If thermogenic methane concentrations increase between sampling periods, the operator shall submit to the Director an action plan to determine the source of the increase.</p> <p>The selected sampling locations will be sampled again 1 year, 3 years and 6 years after completion. Post completion sampling of water wells will consist of the same analyte list as the pre-drilling program. Copies of all test results, field parameters and field observations described above shall be provided to the Director, and the water well owner within three (3) months of collecting the samples. The analytical data and surveyed sample locations shall also be submitted to the Director in an electronic data deliverable format approved by Director.</p> <p>Participating in the COGA voluntary baseline water quality monitoring program meets the requirements of this COA.</p>	05/23/2012
OGLA	koepsear	Venting of gas is prohibited on the location.	07/03/2012
OGLA	koepsear	Emissions from condensate, crude oil, and produced water tanks and from glycol dehydrators shall be controlled by a device capable of 95% control efficiency of VOC. The device(s) shall be maintained to allow maximum efficiency during operations. If necessary, a permit from the Colorado Department of Public Health and Environment, Air Pollution Control Division, for the tank(s), Dehydrator(s) and control device(s) shall be obtained.	05/23/2012
OGLA	koepsear	Flowback and stimulation fluids must be sent to tanks. The flowback and stimulation fluid tanks must be placed on the well pad in an area with additional down gradient perimeter berming sufficiently impervious to contain any spilled or released material (per Rule 604.a.(4)). Tanks used for flowback must be equipped with emission reducing devices during flowback.	05/23/2012

Comment:**CA:****Date:****Wildlife BMPs:**

BMP Type	Comment
Material Handling and Spill Prevention	Spill Prevention Control & Countermeasure Plans (SPCC) are in place to address material releases and to prescribe materials handling BMPs for the facility. "Good house-keeping" measures will be taken to ensure proper waste disposal.

Inspector Name: DURAN, JOHN

Storm Water/Erosion Control

Stormwater Management Plans (SWMP) are in place to comply with both Colorado Department of Public Health and Environment (CDPHE) and Colorado Oil and Gas Conservation Commission (COGCC) stormwater discharge permits. The construction layout for Freeman 3-24 details Best Management Practices (BMP) to be installed during initial construction. Note that BMPs may be removed, altered, or replaced with changing conditions in the field and the SWMP will be updated accordingly. The BMPs prescribed for the initial construction phase include, but are not limited to

- Construction diversion ditch
- Sediment reservoirs
- Check dams
- Level spreaders
- Stabilized construction entrance
- Slash
- Sediment trap
- Wattle
- Terrace
- Secondary containment berms
- Detention ponds

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: 429619 Type: WELL API Number: 055-06309 Status: WO Insp. Status: WO

Workover

Comment: Workover rig on site. Waiting on equipment.

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: RANGELAND

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: _____

Inspector Name: DURAN, JOHN

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: RANGELAND

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
Gravel	Pass	Gravel	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

COGCC Comments

Comment	User	Date
4 orange guyline anchors, 6 Port-o-poties, Trash dumpster, Workover rig, 3 Frac. tanks, 4 Pipe racks with pipe, 1 Grey mix tank, 1 Blue Flat tank, 4 Office trailers, Heater/generator skid, Storage trailer, Doghouse, White generator, Accumulator.	duranj	07/15/2013

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Inspector Name: DURAN, JOHN

Document Num	Description	URL
668001370	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3147576