

**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:

07/23/2013

Document Number:

668601158

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>213246</u>	<u>324859</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10143 Name of Operator: OKT RESOURCES LLCAddress: 1900 E 15TH BLDG 600City: EDMONDState: OKZip: 73013**Contact Information:**

Contact Name	Phone	Email	Comment
Boyce, David M	(405) 285-1140	dboyce@oktr.com	

Compliance Summary:QtrQtr: NWNW Sec: 3 Twp: 18S Range: 46W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/28/2013	668600857	PA	PA	U		F	N
06/24/2010	200258024	CA	PA	U			Y
11/13/2008	200198837	MT	TA	U			Y
04/14/2008	200130464	ID	SI	U			Y
06/11/2007	200112868	PR	SI	U		F	Y
04/02/2002	200025646	PR	PR	S		P	N
08/25/2000	200011817	ID	TA	U	I	F	Y
03/09/2000	200005132	ID	SI	U	I	F	Y
09/23/1998	500145498	ID	SI			P	N
07/22/1997	500145497	PR	PR			P	N
07/09/1996	500145496	PR	PR			F	Y
11/07/1995	500145495	ID	TA			F	Y
10/20/1994	500145494		TA				Y

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
213246	WELL	PA	06/24/2010	OG	061-06608	BARLOW 1-3	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: QUINT, CRAIG

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
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment
--------	---------

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
------	-----------------------------	---------	-------------------	---------

Predrill

Location ID: 324859

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: 213246 Type: WELL API Number: 061-06608 Status: PA Insp. Status: PA

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: QUINT, CRAIG

Comment: <input style="width: 700px;" type="text"/>			
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:			
<input style="width: 300px;" type="text"/>			
Sample Location: <input style="width: 400px;" type="text"/>			
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: <input style="width: 750px;" type="text"/>			
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			
<u>Cropland</u>			
	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 Pass

Pit mouse/rat holes, cellars backfilled Pass

Debris removed Pass

No disturbance /Location never built _____

Access Roads Regraded _____

Contoured _____

Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed In

Locations, facilities, roads, recontoured In

Compaction alleviation _____

Dust and erosion control _____

Non cropland: Revegetated 80% In

Cropland: perennial forage _____

Weeds present Pass

Subsidence Pass

Comment: EQUIPMENT HAS BEEN REMOVED EXCEPT FOR PIPELINE RISER W/METER RUN. AREA HAS BEEN CONTOURED BUT NOT SEEDED.

Corrective Action: REMOVE PIPELINE RISER, SEED BARE AREAS AND RECLAIM LOCATION.

Date 10/23/2013

Overall Final Reclamation

In Process

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: _____