

**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:

07/29/2013

Document Number:

668601171

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>233948</u>	<u>316974</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:OGCC Operator Number: 82470 Name of Operator: STELBAR OIL CORP INCAddress: 1625 N WATERFRONT PKWY #200City: WICHITAState: KSZip: 67206-**Contact Information:**

Contact Name	Phone	Email	Comment
LEONARD, MIKE		mike.leonard@state.co.us	
Dilka, Tyson	970-539-9354 Cell	tdilka@stelbar.com	Area Prod Superintendent -Send all insp
H., William	316-440-7611	bblagrove@stelbar.com	production engineer--send all insp
ONYSKIW, DENISE		denise.onyskiw@state.co.us	

Compliance Summary:QtrQtr: SWSE Sec: 9 Twp: 2S Range: 49W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/17/2012	663400623	SI	TA	U	P		N
04/28/2011	200308993	RT	TA	S			N
06/28/2010	200258535	RT	TA	S			N
06/22/2009	200213559	RT	SI	S			N
07/17/2008	200193750	MI	PD	S			N
04/22/2008	200130624	RT	SI	S			N
05/04/2007	200111016	MI	SI	S		P	N
04/04/2006	200088812	RT	AC	S		P	N
07/06/2005	200074165	RT	SI	S		P	N
05/04/2004	200054058	RT	SI	S		P	N
09/25/2003	200049374	ES	SI	U	F	F	Y
08/06/2003	200042559	RT	SI	S		P	N
05/15/2002	200027049	MI	SI	S		P	N
01/10/2002	200023273	RT	SI	S		P	N
08/31/2001	200020197	RT	SI	S		P	N
08/24/2000	200009280	RT	SI	S		P	N
12/04/1995	500158534	PR	PR			P	N
09/18/1995	500158533	PR	PR			F	Y

Inspector Comment:

Inspector Name: QUINT, CRAIG

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
233948	WELL	SI	02/01/1997	OW	121-06033	CLAYPOOL 1	<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**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	TRAIL THROUGH GRASS.		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	SIGN BY WELL		

Emergency Contact Number: (S/U/V) UnsatisfactoryCorrective Date: 10/29/2013Comment: NO EMERGENCY CONTACT NUMBERSCorrective Action: INSTALL CONTACT NUMBERS**Good Housekeeping:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory	GRASS AND WEEDS COVER LOCATION.	CONTROL WEEDS.	10/29/2013

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	4	Satisfactory			
Ancillary equipment	2	Satisfactory	ELEC PANEL, CATHOTIC RECTIFIER ON REA POLE.		

Venting:

Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 316974

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: 233948 Type: WELL API Number: 121-06033 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/17/2008

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: YES

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 3 PSIG Csg psi: 0 PSIG BH psi: _____

Insp. Status: _____

Comment: GRAVITY FEED 3BBLs WATER DOWN CASING TO FILL UP ANULUS (NOT FULL), RIG UP NITROGEN BOTTLES, TRY TO PRESSURE CASING TO 350, ONLY MADE IT TO 165# RAN OUT OF NITROGEN. WILL RESCHEDULE TEST.

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: _____

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? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

1003b. Area no longer in use? PassProduction areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? PassSubsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? PassProduction areas have been stabilized? PassSegregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-CroplandTop soil replaced PassRecontoured Pass80% Revegetation Pass1003 f. Weeds Noxious weeds? PComment: UNUSED AREAS OF THE LOCATION ARE COVERED WITH GRASS AND WEEDS.Overall Interim Reclamation Pass**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
Other	Pass	Other	Pass			

Inspector Name: QUINT, CRAIG

S/U/V: Satisfactory Corrective Date: _____

Comment: ACCESS AND LOCATION ARE COVERED WITH VEGETATION.

CA: _____