

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:
08/14/2013

Document Number:
668401583

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>293056</u>	<u>311853</u>	<u>BROWNING, CHUCK</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: 10384 Name of Operator: GENESIS GAS & OIL COLORADO LLC
 Address: 1701 WALNUT STREET - 4TH FL
 City: KANSAS CITY State: MO Zip: 64108

Contact Information:

Contact Name	Phone	Email	Comment
Hull, Sheryl	970-623-2833	sheryl@myersenergyservices.com	Agent
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Behner, Robert	816-222-7500	bbehner@genesisco.com	VP

Compliance Summary:

QtrQtr: LOT 16 Sec: 3 Twp: 1N Range: 100W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/30/2012	663800551	IJ	AC	U	I		N

Inspector Comment:

UIC-Routine Inspection.Well shut in 1/2013.Last MIT 10/2/2008. Next MIT due 10/2/2013.No Signs at wellhead. No Emergency contact number. Drip pan on generator full of water/oil. Stains around pumphouse & wellhead. See Attached photos (103-11095.pdf).Submit Form 42 (Corrective Actions Complete) electronically in eForm after operator has completed field abatement/corrective actions required herein.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
159218	UIC DISPOSAL	AC	02/26/2008		-	FLETCHER GULCH 3-31 WD	X
286511	WELL	PR	09/01/2012	GW	103-10888	FLETCHER GULCH 3-31	X
293056	WELL	SI	12/17/2012	STRT	103-11095	FLETCHER GULCH 3-31WD	X

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			
Main	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	No sign at wellhead.	Install sign to comply with rule 210.b.	09/30/2013
TANK LABELS/PLACARDS	Unsatisfactory	No NFPA labels or other information required by rule 210.d.	Install sign to comply with rule 210.d.	09/30/2013

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 10/03/2013

Comment: No emergency contact information

Corrective Action: Install signs to comply with rule 210.b.(2).

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	Hog wire panels & T-post.		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Separator	1	Satisfactory			
Prime Mover	1	Unsatisfactory	Staining on ground outside pumphouse. No Secondary containment.	Remediate stained ground. Install secondary containment around pumphouse.	09/30/2013
Deadman # & Marked	4	Satisfactory			
Gas Meter Run	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	4	400 BBLS	STEEL AST	40.083105,-108.609870	
S/U/V:	Unsatisfactory		Comment: Improper tank signs. Stained & washed out area at lower valve on W tank.		
Corrective Action:	Install signs to comply with rule 210.d.			Corrective Date:	09/30/2013
Paint					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action	_____			Corrective Date	_____
Comment	_____				
Venting:					
Yes/No	Comment				
NO	_____				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 311853

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: 159218 Type: UIC API Number: - Status: AC Insp. Status: SI

Facility ID: 286511 Type: WELL API Number: 103-10888 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: _____

Comment: Well shut in 1/2013.
Wellhead w/ roto pump. Separator in shed w/ meter. 2-Skid mount hydraulic pumps on location (1-hooked to well).
No Signs at wellhead. No Emergency contact number.
Drip pan on hydraulic pump full of oil/water. Oil staining on ground at wellhead.

Facility ID: 293056 Type: WELL API Number: 103-11095 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: SEGO
TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 10/02/2008
Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: UIC-Routine inspection. Well shut in 1/2013. Last MIT 10/2/2008. Next MIT due 10/2/2013.
Wellhead, Pumphouse, 4-400 bbl steel tanks w/ lined metal berms.
No Signs at wellhead. No Emergency contact number.

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence 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? Pass

Production areas have been stabilized? Pass 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? _____ P _____

Comment: _____

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 _____

Inspector Name: BROWNING, CHUCK

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	MHSP	Pass	
Seeding	Pass	Culverts	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

Attached Documents

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

Document Num	Description	URL
668401584	Inspection photos-08/14/2012	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3172428