

**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:

08/14/2013

Document Number:

668401585

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>230799</u>	<u>315421</u>	<u>BROWNING, CHUCK</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:OGCC Operator Number: 51130 Name of Operator: LOCIN OIL CORPORATIONAddress: 25231 GROGAN'S MILL RD STE 500City: THE WOODLANDS State: TX Zip: 77380**Contact Information:**

Contact Name	Phone	Email	Comment
Clavenna, Mark	281-362-8600 X22	mclavenna@nclnr.com	
KELLERBY, SHAUN		shaun.kellerby@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Compliance Summary:QtrQtr: SENE Sec: 19 Twp: 1S Range: 101W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/05/2012	668400561	IJ	SI	S	I		N
10/25/2010	200280035	MI	AC	S			Y
12/11/2008	200200577	RT	SI	S			N
07/13/2007	200114797	RT	AC	S	I	P	N
07/18/2006	200093564	RT	AC	S		P	N
08/05/2005	200074647	RT	AC	S		P	N
08/18/2004	200059700	RT	AC	S		P	N
09/18/2003	200044026	MI	AC	S		P	N
09/17/2002	200030736	RT	AC	S		P	N
09/25/2000	200011573	RT	AC	S		P	N

Inspector Comment:

UIC- Routine inspection. Well listed as shut in 11/2006. Last MIT 10/25/2010. Wellhead valves open, Fluid in tanks, truck tracks to fillup hose....NO REPORTED INJECTION Volumes since 2006. Wellhead enclosed in shed, Pump located inside grain silo. 2-300 bbl steel tanks w/ earth berms. Pit with fence. No emergency contact number, No Sign at wellhead, Inadequate berms at tank battery, No stormwater BMPs in place. Thief hatches on tanks open. Junk pipe & hose on NE corner of pad. 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	
230799	WELL	IJ	03/05/2005	DSPW	103-08468	FORK UNIT FEDERAL 8-19-1-1	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: BROWNING, CHUCK

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	Poor condition		
Main	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory		Install sign to comply with rule 210.b.	09/30/2013
TANK LABELS/PLACARDS	Unsatisfactory		Install sign to comply with rule 210.d.	09/30/2013

Emergency Contact Number: (S/U/V) _____ Violation _____ Corrective Date: 09/30/2013

Comment: No emergency contact information

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

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	Junk pipe and hose on NE corner of pad	Clear debris according to rule 603.j.	09/30/2013

Spills:

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PIT	Satisfactory	Next to tanks		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Prime Mover	1	Satisfactory	Pump in grain silo.		

Inspector Name: BROWNING, CHUCK

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	300 BBLS	STEEL AST	39.950876,-108.768756	
S/U/V:	Unsatisfactory		Comment: Improper tank signs.		
Corrective Action:		Install sign to comply with rule 210.d.Keep theif hatches on tanks closed.			Corrective Date: 09/19/2013
Paint					
Condition	Inadequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate			Inadequate	
Corrective Action	Maintain berms to comply with rule 604.a.(4)				Corrective Date 09/30/2013
Comment	Berms insufficient.				
Venting:					
Yes/No	Comment				
YES	Theif hatches open on both tanks				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 315421

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: 230799 Type: WELL API Number: 103-08468 Status: IJ 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: MNCSB

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 10/25/2010

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

Comment: UIC- Routine inspection. No gauges on wellhead.
 Well listed as shut in 11/2006. Last MIT 10/25/2010.
 Wellhead valves open, Fluid in tanks with their hatches open, truck tracks to fillup hose....NO REPORTED INJECTION
 Volumes since 2006.

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? Fail CM _____

CA remove junk pipe and hose CA Date 09/30/2013

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Inspector Name: BROWNING, CHUCK

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? Fail CM _____
CA mark guy line anchors CA Date 09/30/2013

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

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 In Process

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 ☐

Inspector Name: BROWNING, CHUCK

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
				MHSP	Fail	

S/U/V: **Unsatisfactory** Corrective Date: **09/30/2013**

Comment: **No secondary containment around pump. Berms at tanks inadequate.**

CA: **Install BMP'S To Prevent Site Degradation From Potential Spills And/Or Releases From Stored Materials**