

Inspector Name: QUINT, CRAIG

**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:

08/20/2013

Document Number:

668601272

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>205747</u>	<u>321001</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 10383 Name of Operator: SOVEREIGN OPERATING COMPANY LLC

Address: 621 17TH STREET #950

City: DENVER State: CO Zip: 80293

Contact Information:

Contact Name	Phone	Email	Comment
Crane, Rocky	719-529-0682	rockycrane@yahoo.com	Pumper (Baca)
,	303-297-0347	sovereignenergy@aol.com	

Compliance Summary:

QtrQtr: NWSE Sec: 9 Twp: 31S Range: 44W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/18/2011	200308677	PR	PR	S			N
09/09/2010	200272633	PR	PR	U			Y
05/05/2010	200248486	PR	PR	U			Y
10/07/2009	200220634	PR	PR	U			Y
04/22/2009	200209009	PR	PR	U			Y
06/13/2008	200191028	PR	PR	S			N
02/23/2007	200105274	PR	PR	U		F	Y
12/13/2000	200012594	PR	PR	S	I	P	N
02/08/2000	200003983	PR	PR	S	I	P	N
03/03/1999	500135784	PR	PR			P	N
02/04/1998	500135783	PR	PR			P	N
12/26/1996	500135782	PR	SI				Y
03/09/1995	500135781	PR	PR			P	Y

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
205747	WELL	PR	04/07/1977	GW	009-06158	HARTMETZ 1-9	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

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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	GRAVEL 2 TRACK THROUGH PASTURE		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory	LEASE SIGN MOUNTED TO METER RUN BY WELL.		
TANK LABELS/PLACARDS	Unsatisfactory	NO LABELING, LABELING HAS PEELED OFF	Install sign to comply with rule 210.d.	11/20/2013

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Fencing:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	WIRE PANELS AROUND WELLHEAD AND UNIT		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Pump Jack	1	Satisfactory	40 CHURCHILL NOT IN USE. DOWN HOLE EQUIPMENT HAS BEEN REMOVED, NO PRIME MOVER.		
Ancillary equipment	3	Satisfactory	ELEC PANEL, CATHOTIC RECTIFIER, GAS SCRUBBER		
Gas Meter Run	1	Satisfactory			

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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	200 BBLS	Open Top	37.358670,-102.384660	
S/U/V:	Unsatisfactory		Comment: 200BBL OPEN TOP FIBERGLASS WATER TANK WITH INADEQUATE WILDLIFE SCREENING. TANK IS DRY.		
Corrective Action:		REPAIR NETTING			Corrective Date: 09/03/2013
Paint					
Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action					Corrective Date
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 321001

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: 205747 Type: WELL API Number: 009-06158 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

Environmental**Spills/Releases:**

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Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
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: _____	
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
1003a.	Debris removed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Waste Material Onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Unused or unneeded equipment onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Pit, cellars, rat holes and other bores closed? <u>Pass</u> 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? <u>Pass</u> Production areas stabilized ? <u>Pass</u>
1003c.	Compacted areas have been cross ripped? _____
1003d.	Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u>
	Cuttings management: _____
1003e.	Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>Pass</u>
	Production areas have been stabilized? <u>Pass</u> Segregated soils have been replaced? <u>Pass</u>
RESTORATION AND REVEGETATION	
<u>Cropland</u>	

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Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OGF THE LOCATION ARE PASTURE.

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
Gravel	Pass	Gravel	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____