

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:
10/03/2013

Document Number:
663401256

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>259853</u>	<u>312096</u>	<u>LABOWSKIE, STEVE</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: 19160 Name of Operator: CONOCO PHILLIPS COMPANY
 Address: P O BOX 2197
 City: HOUSTON State: TX Zip: 77252-

Contact Information:

Contact Name	Phone	Email	Comment
Busse, Dollie	(505) 324-6104	Dollie.L.Busse@conocophillips.com	Staff Regulatory Technician
McDaniel, Heather	(505) 326-9507	Heather.D.McDaniel@conocophillips.com	Regulatory Supervisor (Meridian Inspections)
SPRAY, KAREN		karen.spray@state.co.us	

Compliance Summary:

QtrQtr: SWSW Sec: 5 Twp: 33N Range: 9W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/26/2011	200305082	PR	PR	S			N
12/28/2010	200298698	PR	PR	S			N
07/17/2007	200120647	PR	PR	S			N
02/16/2006	200088405	PR	PR	S		P	N
10/06/2004	200065543	PR	PR	S		P	N
03/19/2003	200037981	PR	PR	S		P	N

Inspector Comment:

Cumulative release at stuffing box at #3 is reportable (greater than 1 bbl outside of containment) under revised 906 Rules which went into effect on 8/7/13.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
214799	WELL	PR	02/10/1981	GW	067-06403	BASEY 1-A	<input type="checkbox"/>
259853	WELL	PR	10/23/2008	GW	067-08427	HAYES 33-9 5-3	<input checked="" type="checkbox"/>
293346	WELL	PR	02/01/2011	GW	067-09429	HAYES 33-9 5-3A	<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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory	no capacity label observed		

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
OTHER	Unsatisfactory	lube oil tank off spill prevention vessel, hose disconnected, stained soils.	clean-up stained soils, keep lube tank on spill prevention or remove if notm needed.	10/11/2013
OTHER	Unsatisfactory	portable toilet knocked over	right toilet and secure to prevent future blow-overs or remove, clean up any chemical or sewage release.	10/11/2013
UNUSED EQUIPMENT		tubulars including drill pipe and collars on 3 sets of pipe racks in NE corner of fenced landowner yard area.	If materials belong to operator or previous operator they need to be removed. If they belong to landowner COGCC will need documentation to that effect along with a 502.b variance request for interim rec requirements.	

Spills:				
Type	Area	Volume	Corrective action	CA Date
Produced Water	Pump Jack	<= 5 bbls	Visible stuffing box leak with every pump stroke, saturated area around pumping unit/wellhead. Reportable under new 1 bbl outside containment reporting Rule. Submit Form 19, follow up with COGCC E.P.S. Karen Spray	10/12/2013

Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Heated Separator	1	Satisfactory			
Pump Jack	2	Unsatisfactory	gurgling leaking stuffing box on #3 well (067-08427)	fix leak to opeven further accumulations	10/07/2013
Prime Mover	2	Satisfactory	elec.		
Ancillary equipment	1	Satisfactory	AC equipment by tank		
Ancillary equipment	1	Satisfactory	AC equipment by entrnace to location		
Gas Meter Run	2	Satisfactory	2 meters, 1 shed		
Flow Line	2	Satisfactory			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	STEEL AST	,

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) unknown ~300 bbl

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No	Comment
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Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312096

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:

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: 259853 Type: WELL API Number: 067-08427 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 293346 Type: WELL API Number: 067-09429 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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: _____ 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: location within landowner storage yard near metal barn/shop. Numerous vehicles and pieces of farm equipment stored away from production area.

- 1003a. Debris removed? Pass CM _____
CA _____ CA Date _____
- Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
- Unused or unneeded equipment onsite? _____ CM see comment under "housekeeping" about tubulars on racks
CA _____ CA Date _____
- Pit, cellars, rat holes and other bores closed? Pass CM _____
CA _____ CA Date _____
- Guy line anchors removed? Pass CM _____
CA _____ CA Date _____
- Guy line anchors marked? _____ CM _____
CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

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? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? P

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

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass	MHSP	Fail	lube oil tank
Gravel	Pass	Gravel	Pass	SR	Fail	stuffing box leak
				SI	Fail	portable toilet on side

S/U/V: Unsatisfactory Corrective Date: 10/18/2013

Comment:

CA: clean up spills and releases, place lube oil tank back on spill prevention vessel, right or remove toilet, secure to fence or posts to prevent blowovers from wind.