

**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
	<u>259853</u>	<u>312096</u>	<u>LABOWSKIE, STEVE</u>	<input type="checkbox"/> 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 opreven 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:		<input type="checkbox"/> 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 Sufficent	Adequate

Corrective Action		Corrective Date	
Comment			

Venting:		
Yes/No	Comment	

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: _____

Inspector Name: LABOWSKIE, STEVE

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? <u>Pass</u> CM _____	
CA _____	CA Date _____
Waste Material Onsite? <u>Pass</u> 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? <u>Pass</u> CM _____	
CA _____	CA Date _____
Guy line anchors removed? <u>Pass</u> 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>In</u>	
Production areas have been stabilized? <u>Pass</u>	Segregated soils have been replaced? <u>Pass</u>
RESTORATION AND REVEGETATION	
<u>Cropland</u>	
Top soil replaced _____	Recontoured _____ Perennial forage re-established _____

<u>Non-Cropland</u>			
Top soil replaced	<u>Pass</u>	Recontoured	<u>Pass</u>
			80% Revegetation <u>In</u>
1003 f.	Weeds Noxious weeds?	<u>P</u>	
Comment:	<div></div>		
Overall Interim Reclamation		In Process	

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: _____	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 20px; width: 80%;"></div>	Date _____

Overall Final Reclamation ☐ Multi-Well Location ☐

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.		