

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:
10/24/2013

Document Number:
600000061

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	240691	318137	JOHNSON, RANDELL	2A Doc Num:	

Operator Information:

OGCC Operator Number: _____
 Name of Operator: K P KAUFFMAN COMPANY INC
 Address: 1675 BROADWAY, STE 2800
 City: DENVER State: CO Zip: 80202

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
ELLSWORTH, STUART		stuart.ellsworth@state.co.us	
Gilbert, Kent	303-825-4822	kgilbert@kpk.com	VP Exploration & Production
Lara-Mesa, Susana	303-825-4822	slaramesa@kpk.com	Engineering Project Manager
HICKEY, MIKE		mike.hickey@state.co.us	

Compliance Summary:

QtrQtr: SWSE Sec: 26 Twp: 2N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/18/2011	200294210	PR	PR	U			Y
04/12/2002	200025714	PR	PR	S		P	N
05/27/1997	500162841	PR	PR			P	N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
240691	WELL	PR	01/18/1977	OW	123-08479	JOHNSON 1	FR	<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
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory	Weeds on location	Submit repair plan to OGCC per NTO	11/24/2013
DEBRIS	Unsatisfactory	Flood debris on location	Submit repair plan to OGCC per NTO	11/24/2013

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PUMP JACK		Rod and wire fencing		
OTHER		Pipe fencing in disrepair around electrical equipment	Submit repair plan to OGCC per NTO	11/24/2013
OTHER		Square tube fencing around above-ground flowline		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flow Line	1		Above-ground flow line/SE corner of fence enclosing flow line 40.10251, - 104.96775		
Ancillary equipment	1		Auxiliary metal building/SE corner of building 40.10260, - 104.96779		
Pump Jack	1		SE corner of wellhead 40.10389, - 104.96813		
Prime Mover	1		Electric motor powering pump jack/SE corner of wellhead 40.10389, - 104.96813		

Ancillary equipment			Electrical equipment, i.e. - transformers, meter, breaker box/SE corner of equipment 40.10387, -104.96833	
Horizontal Heated Separator	1		SE corner of separator 40.10312, -104.96799	

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	40.102790,-104.967890

S/U/V: _____ Comment: **Centralized battery services Johnson 1 (123-08479) & Johnson 2 (123-09326)**

Corrective Action: _____ Corrective Date: _____

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 _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	BV CONCRETE	40.103500,-104.968190

S/U/V: _____ Comment: **50 bbls**

Corrective Action: _____ Corrective Date: _____

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Insufficient	Inadequate

Corrective Action **Submit repair plan to OGCC per NTO** Corrective Date **11/24/2013**

Comment **Berm damaged by flooding**

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	1	300 BBLS	STEEL AST	40.102790,-104.967890	
S/U/V:	Unsatisfactory		Comment:	Tank is not painted according to regulations	
Corrective Action:	Submit repair plan to OGCC per NTO			Corrective Date:	11/24/2013
Paint					
Condition	Inadequate				
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				
NO	_____				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 240691

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/U/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/U/V: _____ **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: 240691 Type: WELL API Number: 123-08479 Status: PR Insp. Status: FR

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:

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 Flood debris on location

CA Submit repair plan to OGCC per NTO CA Date 11/24/2013

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Fail CM Unused metal building, unused meter box, unused electrical

CA Submit repair plan to OGCC per NTO CA Date 11/24/2013

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 ? Fail

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? Fail 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? _____ F _____

Comment: Submit repair plan to OGCC per NTO

Overall Interim Reclamation Fail

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 _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Fail	Other	Fail			Vegetation
Compaction	Fail	Compaction	Fail			
Gravel	Fail	Gravel	Fail			

S/U/V: Unsatisfactory Corrective Date: 11/24/2013

Comment: Flood damage and erosion to locations and lease roads

CA: Submit repair plan to OGCC per NTO

Pits: NO SURFACE INDICATION OF PIT