

**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:

10/30/2013

Document Number:

668701171

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>56731</u>	<u>327053</u>	<u>HELGELAND, GARY</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number:

Name of Operator: TIGGES OIL LLCAddress: 12406 WCR 64 1/2City: GREELEY State: CO Zip: 80631

- ☐ 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
LEONARD, MIKE		mike.leonard@state.co.us	
TIGGES, KENNETH		oakleylee@msn.com	

Compliance Summary:QtrQtr: NENW Sec: 31 Twp: 6N Range: 66W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/24/2007	200103336	PR	PR	S		P	N
05/06/2004	200053972	PR	PR	S		P	N
05/05/2004	200053971	PR	PR	S		P	N
06/29/1999	500170605	PR	PR				
07/09/1998	500170603	PR	PR				
04/25/1998	500170602	CO	PR				
05/03/1996	500170601	PR	PR				
02/28/1996	500170604	ID	SI			P	Y

Inspector Comment:

Newly repaired berm and previously buried fiberglass tank on tank battery, outside of berm may indicate impact of flood event. Tanks within berm as indicated in this inspection appear new.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
56731	WELL	PR	09/06/2001	GW	123-14072	TIGGES 3-31B	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**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	Trash and debris in treater building.	Remove trash and debris.	12/30/2013
UNUSED EQUIPMENT	Unsatisfactory	Excess equipment on tank battery.	Remove and properly store excess equipment.	12/30/2013

Spills:

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

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Bird Protectors	2	Satisfactory			
Plunger Lift	1	Satisfactory			
Emission Control Device	1	Satisfactory			
VRU	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			
Vertical Heater Treater	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	OTHER	FIBERGLASS AST		
S/U/V:	Satisfactory		Comment:		
Corrective Action:			Corrective Date:		
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) No volume indicated on tank. _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action			Corrective Date		
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	300 BBLS	STEEL AST		
S/U/V:	Satisfactory		Comment:		
Corrective Action:			Corrective Date:		
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action			Corrective Date		
Comment Newly constructed berm.					
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 56731

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: 56731 Type: WELL API Number: 123-14072 Status: PR Insp. Status: FR

Producing WellComment: Excess equipment on tank battery. Remove and properly store excess equipment.
Trash and debris in treater building. Remove trash and debris.**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 _____
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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 Trash and debris in treater building.CA Remove trash and debris.CA Date 12/30/2013Waste Material Onsite? Fail CM Trash and debris in treater building.CA Remove trash and debris.CA Date 12/30/2013Unused or unneeded equipment onsite? Fail CM Excess equipment on tank battery.CA Remove and properly store excess equipment.CA Date 12/30/2013Pit, 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? PassProduction areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. 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? PassProduction areas have been stabilized? PassSegregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-CroplandTop soil replaced PassRecontoured Pass80% Revegetation Pass

Inspector Name: HELGELAND, GARY

1003 f. Weeds Noxious weeds? P

Comment: **Excess equipment on tank battery. Remove and properly store excess equipment.**
Trash and debris in treater building. Remove trash and debris.

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
Gravel	Pass	Compaction	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT