

**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:

11/14/2013

Document Number:

668601674

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	212879	324818	QUINT, CRAIG	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number:

Name of Operator: TRINITY BAY OIL & GAS, INCAddress: 4509 15THCity: LUBBOCK State: TX Zip: 79416☐ 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
Sammons, Chuck	432-559-8470 off	inlubbock1@yahoo.com	

Compliance Summary:QtrQtr: NWSE Sec: 23 Twp: 18S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/28/2011	200327576	PR	PR	Satisfactory			No
10/06/2011	200326299	PR	PR	Unsatisfactory			Yes
07/01/2011	200316224	PR	PR	Unsatisfactory			Yes
03/10/2011	200302281	PR	PR	Unsatisfactory			Yes
10/21/2010	200279787	PR	PR	Satisfactory			No
07/27/2010	200264773	PR	PR	Satisfactory			No
06/15/2010	200256199	PR	PR	Unsatisfactory			Yes
04/22/2008	200189151	PR	SI	Satisfactory			No
11/01/2006	200098392	PR	PR	Satisfactory		Pass	No
07/15/2002	200029257	PR	PR	Satisfactory		Pass	No
04/07/2000	200010824	PR	PR	Satisfactory	I	Pass	No
01/17/1999	500144891	PR	PR			Fail	Yes
11/06/1996	500144890	PR	PR			Fail	Yes
10/31/1995	500144889	PR	SI			Pass	Yes
11/08/1994	500144888		PR				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
115328	PIT		09/23/1999		-	TALLMAN 23-3	<input type="checkbox"/>
212879	WELL	PR	01/23/2013	GW	061-06239	TALLMAN 23-3	PR <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 Motors: _____	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	DIRT ROAD THROUGH FARM GROUND.		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory	STICKERS AND STENCILS ON TANKS		
WELLHEAD	Satisfactory	LEASE SIGN MOUNTED ON UNIT.		

Emergency Contact Number: (S/U/V) UnsatisfactoryCorrective Date: 02/14/2014Comment: **EMERGENCY CONTACT NUMBER POSTED (806-659-2026) IS DISCONNECTED.**Corrective Action: **INSTALL EMERGENCY CONTACT NUMBERS.****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
TANK BATTERY	Satisfactory	TANKS FENCED WITH WIRE		
SEPARATOR	Satisfactory	WIRE FENCING		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flare	1	Satisfactory			
Gas Meter Run	1	Satisfactory	FOR PIPELINE		
Deadman # & Marked	2	Satisfactory			
Prime Mover	1	Satisfactory	ELEC MOTOR		
Pump Jack	1	Satisfactory	114 LUFKIN		

Ancillary equipment	4	Unsatisfactory	ELEC PANEL, CATHOTIC RECTIFIER, CATHOTIC RECTIFIER, CHEMICAL TANK WITHOUT CONTAINMENT.	INSTALL CONTAINMENT (BMP)	02/14/2014
Horizontal Heater Treater	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory	FOR PIPELINE		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	Open Top	38.474820,-102.426340

S/U/V:	Satisfactory	Comment:	210 BBL OPEN TOP FIBERGLASS WATER TANK WITH ADEQUATE WILDLIFE SCREENING.
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Corrective Action:		Corrective Date:	
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Paint

Condition	
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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	
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Comment	
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	400 BBLS	STEEL AST	38.475080,-102.426120

S/U/V:	Satisfactory	Comment:	
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Corrective Action:		Corrective Date:	
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Paint

Condition	
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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	
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Comment	BERMS WILL NEED ATTENTION SOON.
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Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Field Flare	Satisfactory	NOT IN USED, SHUT OFF.		

Predrill

Location ID: 212879

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: 212879 Type: WELL API Number: 061-06239 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

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? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass 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? _____

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	<u>Pass</u>	Recontoured	<u>Pass</u>
		Perennial forage re-established	<u></u>
<u>Non-Cropland</u>			
Top soil replaced	<u></u>	Recontoured	<u></u>
		80% Revegetation	<u></u>
1003 f. Weeds Noxious weeds?	<u>P</u>		
Comment:	<u>UNUSED AREAS OF THE LOCATION ARE FARMED.</u>		
Overall Interim Reclamation	<u>Pass</u>		

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: 100%;"></div>	Date _____
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/> Multi-Well Location <input type="checkbox"/>

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass	MHSP	Fail	

S/U/V:	Unsatisfactory	Corrective Date:	02/14/2014
Comment:	CHEMICAL TANK WITHOUT BMP.		
CA:	INSTALL BMP'S		

Pits: ☐ NO SURFACE INDICATION OF PIT