

**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



DE	ET	OE	ES
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Inspection Date:

01/05/2014

Document Number:

668200679

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	244550	408001	LEONARD, MIKE	<input type="checkbox"/> 2A Doc Num: _____

**Operator Information:**

OGCC Operator Number:

Name of Operator: GRIFFIN MANAGEMENT LLCAddress: P O BOX 670City: BYERS State: CO Zip: 80103

- ☐ 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:****Compliance Summary:**QtrQtr: SWSE Sec: 31 Twp: 2N Range: 61W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/12/2013	666800021	PA	PA	Unsatisfactory	I		No
01/19/2012	658400036			Satisfactory			No
01/19/2012	658400033			Violation			Yes
01/19/2012	658400035			Satisfactory			No
12/06/2011	658400019			Satisfactory			No
11/04/2010	200284282	HR	PA	Satisfactory	P	Pass	No
11/01/2005	200079205	PM	AL	Unsatisfactory		Pass	No
10/24/2005	200078817	PR	AC	Satisfactory		Pass	No
06/07/2005	200071851	BH	AL	Unsatisfactory	P	Pass	No
07/25/2002	200030682	PR	VP	Unsatisfactory		Pass	No
12/14/1999	200001830	SR	WO	Unsatisfactory	P	Pass	No
03/04/1999	500168459	PR	PR			Pass	No
01/20/1997	500168458	PR	PR			Fail	Yes

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
102711	PIT	CL	09/23/1999		-	KASEY 34-31	CL
112593	PIT		09/23/1999		-	MOC 43-24G	
244550	WELL	PA	06/04/2004	GW	123-12345	KASEY 34-31	PA

**Equipment:****Location Inventory**

Inspector Name: LEONARD, MIKE

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
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			
CONTAINERS	Satisfactory			

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Good Housekeeping:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Satisfactory			

**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
OTHER	Satisfactory			
PUMP JACK	Satisfactory			
IGNITOR/COMBUST OR	Satisfactory			
IGNITOR/COMBUST OR	Satisfactory			
IGNITOR/COMBUST OR	Satisfactory			

Inspector Name: LEONARD, MIKE

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	11	100 BBLS	PBV FIBERGLASS	40.233100,-104.556600	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
<b>Paint</b>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action					Corrective Date
Comment					
<b>Venting:</b>					
Yes/No		Comment			
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Inspector Name: LEONARD, MIKE

## Predrill

Location ID: 244550

### Site Preparation:

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

S/U/V: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

<b><u>S/U/V:</u></b>	<b><u>Comment:</u></b>

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Wildlife BMPs:

<u>S/U/V:</u>	<u>Comment:</u>
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<b><u>CA:</u></b>	<b><u>Date:</u></b>
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**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:

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### Summary of Operator Response to Landowner Issues:

\_\_\_\_\_

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

### Facility

Facility ID:	244550	Type:	WELL	API Number:	123-12345	Status:	PA	Insp. Status:	PA
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### Complaint

**Comment:**

## Environmental

**Spills/Releases:**

Type of Spill:	Description:	Estimated Spill Volume:

Comment:

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Reportable:	GPS: Lat	Long
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Inspector Name: LEONARD, MIKE

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): N \_\_\_\_\_

Comment: mmmmemmmmmemmmeme

Pilot: ON \_\_\_\_\_ 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? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Waste Material Onsite? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Unused or unneeded equipment onsite? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Pit, cellars, rat holes and other bores closed? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Guy line anchors removed? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_

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

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? \_\_\_\_\_ 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? \_\_\_\_\_

Inspector Name: LEONARD, MIKE

Comment:

Overall Interim Reclamation

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

S/U/V:

Corrective Date:

Comment:

CA:

**Pits:** ☐ NO SURFACE INDICATION OF PIT

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
668200680	test video 2500 KB	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3256563">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3256563</a>