

**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:

01/21/2014

Document Number:

600000666

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	245691	336189	JOHNSON, RANDELL	2A Doc Num:	

Operator Information:

OGCC Operator Number:

Name of Operator: TUDEX PETROLEUM INC

Address: UNIT E 2121 39TH AVENUE NE

City: CALGARY State: AB Zip: T2E 6R7

☐ 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
Reeve, Robert	360-683-3385	rrobert169@qwest.net	Engineer

Compliance Summary:

QtrQtr: SESW Sec: 13 Twp: 2N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/26/2005	200070118	PR	PR	Satisfactory		Pass	No
10/14/2003	200045324	PR	PR	Satisfactory		Pass	No
02/12/2003	200035017	PR	PR	Satisfactory		Pass	No
08/01/1996	500169944	PR	PR				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
245691	WELL	PR	04/25/2006	OW	123-13486	FREEMAN 13-2	SI	<input checked="" type="checkbox"/>
267943	WELL	PR	07/28/2003	GW	123-21506	KERR 14-13A	PR	<input 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
CONTAINERS	Unsatisfactory	Containers at wellhead location are not properly labeled	Install sign to comply with rule 210.	02/21/2014
TANK LABELS/PLACARDS	Unsatisfactory	Water tank does not have the required capacity signage	Install sign to comply with rule 210.	03/02/2014
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Unsatisfactory	Unused equipment at wellhead location	Remove unused equipment	02/14/2014
TRASH	Unsatisfactory	Trash at wellhead location	Remove trash	02/21/2014
WEEDS	Unsatisfactory	Weeds on locations	Remove weeds	02/21/2014

Spills:				
Type	Area	Volume	Corrective action	CA Date
PW/CO	WELLHEAD	<= 5 bbls	Remove or remediate contaminated soil as a result of spills at wellhead	02/21/2014
PW/CO	Tank	<= 5 bbls	Remove or remediate contaminated soil as a result of spills from crude oil tank	02/21/2014

☐ Multiple Spills and Releases?

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	40.131960,-104.847350
S/U/V:	Unsatisfactory		Comment: Tank not painted according to regulations	
Corrective Action: Paint tank according to regulations				Corrective Date: 02/21/2014

Paint

Condition	Inadequate
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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
Comment	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	40.131950,-104.847670
S/U/V:	Unsatisfactory		Comment: Capacity unknown - no signage	
Corrective Action: Provide proper capacity signage for water tank				Corrective Date: 02/21/2014

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action	Corrective Date
Comment	

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 245691

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: 245691 Type: WELL API Number: 123-13486 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: _____

Comment: Producing intermittently

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: JOHNSON, RANDELL

Comment: <input style="width:700px" type="text"/>			
Corrective Action: <input style="width:600px" type="text"/>		Date: <input style="width:100px" type="text"/>	
Reportable: <input style="width:100px" type="text"/>	GPS: Lat <input style="width:100px" type="text"/>	Long <input style="width:100px" type="text"/>	
Proximity to Surface Water: <input style="width:150px" type="text"/>		Depth to Ground Water: <input style="width:150px" type="text"/>	
Water Well:			
DWR Receipt Num: <input style="width:100px" type="text"/>		Owner Name: <input style="width:150px" type="text"/>	GPS : <input style="width:100px" type="text"/>
Field Parameters:			
<input style="width:300px" type="text"/>			
Sample Location: <input style="width:400px" type="text"/>			
Emission Control Burner (ECB): <input style="width:100px" type="text"/>			
Comment: <input style="width:800px" type="text"/>			
Pilot: <input style="width:50px" type="text"/>	Wildlife Protection Devices (fired vessels): <input style="width:100px" type="text"/>		

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 at wellhead location

CA <u>Remove trash and debris</u>	CA Date <u>02/21/2014</u>
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Waste Material Onsite? Fail CM Pile of contaminated waste material at wellhead location

CA <u>Remove or remediate contaminated waste pile</u>	CA Date <u>02/21/2014</u>
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Unused or unneeded equipment onsite? Fail CM Unused equipment t wellhead location

CA <u>Remove unused equipment</u>	CA Date <u>02/21/2014</u>
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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 ? 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? Pass

Production areas have been stabilized? Fail Segregated soils have been replaced?

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Recontoured Perennial forage re-established

Inspector Name: JOHNSON, RANDELL

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ F _____

Comment: _____

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

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT