

Inspector Name: LEONARD, MIKE

**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:
01/23/2014

 Document Number:
668200681

 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)
01/05/2014	668200679	PA	PA	Satisfactory			No
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:test test**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**

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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	test test		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Unsatisfactory	test test	Install sign to comply with rule 210.	01/23/2014

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 01/23/2014

Comment: test test

Corrective Action: test test

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
OTHER	Satisfactory	test test		

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
Flow Line	13	Unsatisfactory		test test	01/23/2014
Ancillary equipment	13	Unsatisfactory	test test	test test	01/23/2014
Bird Protectors	1	Satisfactory			
Bird Protectors	1	Unsatisfactory	test test	test test	01/23/2014

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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	<100 BBLs	STEEL AST	39.002220,-104.233230	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
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			
YES		test test			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Unsatisfactory	test test	test test	01/23/2014	

Predrill

Location ID: 244550

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: 244550 Type: WELL API Number: 123-12345 Status: PA Insp. Status: PA

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

S/V: Satisfactory CA Date: _____

CA: _____

Comment: _____

Environmental**Spills/Releases:**

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

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Comment: <input style="width:700px" type="text"/>			
Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
Water Well:			
		Lat _____	Long _____
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	
Field Parameters:			
<input style="width:300px" type="text"/>			
Sample Location: <input style="width:400px" type="text"/>			
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: test test	
1003a. Debris removed? <u>Pass</u> CM _____	
CA _____	CA Date _____
Waste Material Onsite? <u>Pass</u> CM _____	
CA _____	CA Date _____
Unused or unneeded equipment onsite? <u>Pass</u> CM _____	
CA _____	CA Date _____
Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____	
CA _____	CA Date _____
Guy line anchors removed? <u>Pass</u> CM _____	
CA _____	CA Date _____
Guy line anchors marked? <u>Pass</u> CM _____	
CA _____	CA Date _____
1003b. Area no longer in use? <u>In</u> Production areas stabilized ? <u>Pass</u>	
1003c. Compacted areas have been cross ripped? <u>Pass</u>	
1003d. Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u>	
Cuttings management: _____	
1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>Pass</u>	
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>In</u> Perennial forage re-established <u>Pass</u>

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Non-Cropland

Top soil replaced ☐ In

Recontoured ☐ In

80% Revegetation ☐ In

1003 f. Weeds Noxious weeds? ☐ P

Comment:

Overall Interim Reclamation ☐ In Process

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
Berms	Pass	Blankets				
Berms	Pass	Berms				
Blankets		Berms				
Blankets		Berms				

S/U/V: Satisfactory ☐

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
668200687	test test	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3265893
668200690	test test	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3265894
668200692	test test	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3265895