

Inspector Name: Waldron, Emily

**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:

01/24/2014

Document Number:

673400219

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>232679</u>	<u>316760</u>	<u>Waldron, Emily</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number:

Name of Operator: BOOCO'S CONTRACT SERVICES INCAddress: P O BOX 572City: HAYDEN State: CO Zip: 81639☐ 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
Booco, Randy		boocosinc@aol.com	owner operator
KELLERBY, SHAUN		shaun.kellerby@state.co.us	

Compliance Summary:QtrQtr: NWSE Sec: 11 Twp: 6N Range: 87W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/08/2011	662300047			Unsatisfactory			No
10/06/2010	200283075	PR	PR	Unsatisfactory			Yes
07/06/1999	500157979	PR	PR			Fail	No
09/20/1995	500157978	PR	PR			Pass	No
06/20/1995	500157977	ID	PR			Fail	Yes

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
232679	WELL	PR	08/01/2013	OW	107-06093	JONES 1-11	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

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Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Unsatisfactory	Sign at battery illegible.	Install sign to comply with rule 210.b.	02/07/2014
WELLHEAD	Unsatisfactory	Sign at wellhead illegible.	Install sign to comply with rule 210.b.	02/07/2014

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 02/07/2014

Comment: Emergency number at wellhead illegible.

Corrective Action: Install emergency number.

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Unsatisfactory	Pumpjack stored on location.	Remove all equipment not necessary for production.	02/14/2014
TRASH	Unsatisfactory	Bucket and other miscellaneous trash around pumpjack. Two buckets at battery with oil in them.	Remove.	02/14/2014

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	Satisfactory			
Pump Jack	1	Satisfactory			
Bird Protectors		Satisfactory			

Facilities:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
	1		STEEL AST	40.490010,-107.114750	
S/U/V:	Unsatisfactory	Comment: Tank has no labels. Is tank in service?			
Corrective Action:	Install label to comply with rule 210.d. If tank is not in service remove.			Corrective Date:	02/07/2014

Paint	
Condition	Inadequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient		Inadequate
Corrective Action	Maintain berm.			Corrective Date 02/28/2014
Comment	Berm is not able to contain largest container.			

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Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4		STEEL AST	40.487850,-107.115900
S/U/V:	Unsatisfactory	Comment: Incomplete labels on tanks.		
Corrective Action: Install labels to comply with rule 210.d.				Corrective Date: 02/07/2014
Paint				
Condition	Inadequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient		Inadequate
Corrective Action: Maintain berm.				Corrective Date: 02/28/2014
Comment		Berm seems to be encroached on by hillside, limiting containment capacity.		
Venting:				
Yes/No		Comment		
Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 232679

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: 232679 Type: WELL API Number: 107-06093 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Environmental**Spills/Releases:**

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

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

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Proximity to Surface Water: _____		Depth to Ground Water: _____		
Water Well:				
DWR Receipt Num: _____		Owner Name: _____	GPS : _____	
Field Parameters:				
Sample Location: _____				
Complaint:				
Tracking Num	Category	Assigned To	Description	Incident Date
845599	ENVIRONM ENTAL DAMAGE	FERGUSON, RANDALL	Anonymous caller was elk hunting and noticed spill/release at subject well. Caller did not know operator or well name. Gave general directions to site, said oil was leaking out of wellhead and line was blowing oil about 100' east of wellhead. Operator contacted 12/15/98; Randy Booco at location when called. Said spill was approx. 1/2 bbl, no surface water impacted, and totally confined to location. Cause = flowline clogged and separator filled and spewed oil out line into pit area. 12/17/98 RHF visited site to confirm operator information. Operator onsite with remedial equipment. Will scape up impacted soil and landfarm onsite. Spill less than 5 bbls.	12/15/1998
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? Fail CM _____ CA Remove. CA Date 02/14/2014

Unused or unneeded equipment onsite? Fail CM _____ CA Remove all equipment not necessary for production. CA Date 02/14/2014

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? _____ CM _____ CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? Pass

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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? Pass 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? _____

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
		Gravel	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: **Snow on location limited stormwater inspection. No apparent soil migration; erosion or soil movement.**

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Location was inspected on 12/08/2011 (Document Number: 662300047) and several items were noted as unsatisfactory. These have passed their corrective action dates and are still in violation.	waldrone	01/24/2014