

**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:  
01/29/2014

Document Number:  
600000743

Overall Inspection:  
**Unsatisfactory**

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	203266	320257	JOHNSON, RANDELL	2A Doc Num:	

**Operator Information:**

OGCC Operator Number: \_\_\_\_\_

Name of Operator: TEXAS TEA OF COLORADO LLC DBA TEXAS TEA LLC

Address: 14405 W. COLFAX #298

City: LAKEWOOD State: CO Zip: 80401

- 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
CANFIELD, CHRIS		chris.canfield@state.co.us	
Parker, Bob	720-775-7209	rpmindy@msn.com	owner

**Compliance Summary:**

QtrQtr: SESE Sec: 3 Twp: 1S Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/05/2004	200057691	PR	PR	Satisfactory		Pass	No
04/07/2004	200052653	PR	PR	Unsatisfactory		Fail	Yes
06/04/1998	500133049	PR	PR			Fail	Yes
07/19/1994	500133048		PR				

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
203266	WELL	PR	05/15/2001	OW	001-08775	BIOW-MOORE 3-1	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 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**

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Unsatisfactory	Containers on locations do not have the required contents or NFPA labeling	Install sign to comply with rule 210.	03/01/2014
WELLHEAD	Unsatisfactory	No signage	Install sign to comply with rule 210.	03/01/2014
BATTERY	Unsatisfactory	Battery sign must list wells that the battery services	Install sign to comply with rule 210.	03/01/2014
TANK LABELS/PLACARDS	Satisfactory			

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

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

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

<b>Good Housekeeping:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Unsatisfactory	Unused equipment at wellhead location	Remove unused equipment	03/01/2014
TRASH	Unsatisfactory	Trash at wellhead location	Remove trash	03/01/2014
WEEDS	Unsatisfactory	Weeds at wellhead location	Remove weeds	03/01/2014

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
PW/CO	Tank	<= 5 bbls	Remove or remediate contaminated soil around base of crude oil tank and repair leaks on tank	03/01/2014
PW/CO	Tank	> 5 bbls	Remove or reediate contaminated soil inside and outside of berm around produced water tank	03/01/2014
PW/CO	WELLHEAD	<= 5 bbls	Remove or remediate contaminated soil at wellhead as a result of spills from stuffing box	03/01/2014

Multiple Spills and Releases?

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1				
Gas Meter Run	1				
Pump Jack	1				
Prime Mover	1		Electric motor		

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	39.988560,-104.869740
S/U/V:	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				

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	100 BBLS	STEEL AST	39.988560,-104.869610
S/U/V: <b>Unsatisfactory</b>	Comment: <b>Tank should be cleaned of oil stains</b>			
Corrective Action: <b>Clean tank</b>				Corrective Date: <b>03/01/2014</b>

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Insufficient	Base Insufficient	Inadequate
Corrective Action	<b>Berm wall should be replaced with impermeable material</b>			Corrective Date <b>03/01/2014</b>
Comment	<b>Spill from produced water tank has leached through berm wall</b>			

**Venting:**

Yes/No	Comment

**Flaring:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 203266

**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: 203266 Type: WELL API Number: 001-08775 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**Environmental**

**Spills/Releases:**

Type of Spill: OIL Description: Stuffing box spill Estimated Spill Volume: 10

Comment: Approximately a barrel and a half of produced fluids has spilled from the polish rod stuffing box at the wellhead. In addition, an estimated 7 barrels of produced fluids have spilled out of the produced water tank and filled the berm and leached through the walls to the ground outside of the containment.

Corrective Action: Report spills to the COGCC on a Form 19 pursuant to the reporting requirements in Date: 02/03/2014

Reportable: YES GPS: Lat 39.988420 Long -104.868350  
Proximity to Surface Water: Depth to Ground Water:

Water Well: Lat Long  
DWR Receipt Num: Owner Name: GPS:

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? Fail CM Debris and trash at wellhead location

CA Remove debris and trash CA Date 03/01/2014

Waste Material Onsite? Pass CM

CA CA Date

Unused or unneeded equipment onsite? Fail CM Unused equipment at wellhead location

CA Remove unused equipment CA Date 03/01/2014

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? Fail CM

CA Mark deadmen CA Date 03/01/2014

1003b. Area no longer in use? Fail 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? Fail

Production areas have been stabilized? Fail 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

