

Inspector Name: Sherman, Susan

**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
----	----	----	----

Inspection Date:

02/03/2014

Document Number:

673701165

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>235366</u>	<u>317057</u>	<u>Sherman, Susan</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number:

Name of Operator: RITCHIE EXPLORATION INCAddress: P O BOX 783188City: WICHITA State: KS Zip: 67278-

- ☐ 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
Rowe, Gary	(620) 872-0330	rowe_gary@sbglobal.net	
Nierenberger, John	(316) 691-9500	jnierenberger@ritchie-exp.com	

Compliance Summary:QtrQtr: NESW Sec: 20 Twp: 3S Range: 52W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/04/2007	200123206	PR	PR	Satisfactory			No
08/10/2004	200058487	PR	PR	Satisfactory		Pass	No
04/13/2004	200052890	ES	PR	Unsatisfactory		Fail	No
09/22/2003	200044211	PR	PR	Unsatisfactory		Fail	Yes
01/25/2001	882487	ES	PR	Satisfactory		Pass	No
01/08/2001	882453	ES	PR	Unsatisfactory		Fail	No
09/08/1999	873077	CO	PR			Pass	No
08/05/1999	500158988	CO	PR			Fail	Yes
10/15/1998	500158987	ES	PR			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
235366	WELL	PR	04/24/2003	OW	121-07586	ANDERSON 1	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: Sherman, Susan

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
WELLHEAD	Unsatisfactory	No sign at well. Move sign from tank battery to well. (Operator name and contact number is on the pump jack.)	Install sign to comply with rule 210.	03/03/2014
BATTERY	Satisfactory	Move sign from treater to tanks area (not required).		
TANK LABELS/PLACARDS	Unsatisfactory	Label FWKO and treater.	Install sign to comply with rule 210.	03/03/2014

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

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	WELLHEAD	<= 5 bbls	Remove and remediate stained soil at wellhead.	02/06/2014

☐ Multiple Spills and Releases?

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
FWKO	1	Satisfactory	Same berms as Vertical Heater Treater. Monitor exterior condition of tank.		
Pump Jack	1	Satisfactory			
Ancillary equipment	4	Satisfactory	REA poles		
Bird Protectors	1	Satisfactory			
Veritcal Heater Treater	1	Satisfactory	berms 39.77671-103.23004		
Deadman # & Marked	4	Satisfactory			
Prime Mover	1	Satisfactory	electric		

Inspector Name: Sherman, Susan

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	400 BBLS	STEEL AST	39.776700,-103.230350
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	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	,
S/U/V:		Comment: same berms a crude oil tank		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date
Comment	

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 235366

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: 235366 Type: WELL API Number: 121-07586 Status: PR Insp. Status: PR

Producing WellComment: PR
Nov 2013 last reported data**Environmental****Spills/Releases:**

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

Comment: _____

Corrective Action: _____ Date: _____

Inspector Name: Sherman, Susan

Reportable: _____ GPS: Lat _____ Long _____
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: crop field

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 _____

Inspector Name: Sherman, Susan

1003 f. Weeds Noxious weeds? _____

Comment: **snow covered**

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
		Culverts				

S/U/V: Satisfactory

Corrective Date: _____

Comment: **Culvert pulled out and sitting on ground next to road.**

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type: Produced Water Lined: NO Pit ID: _____ Lat: 39.776960 Long: -203.322991

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____

Oil Accumulation: NO

2+ feet Freeboard: _____

Pit (S/U/V): _____

Comment: _____

Corrective Action: **Install method to monitor and measure freeboard.**

Date: **02/28/2014**

Inspector Name: Sherman, Susan

Pit Type: Produced Water Lined: NO Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____

Pit (S/U/V): _____ Comment: **Same berms as evaporation pit listed above.
Permitted discharge to field. Permit effective 4/1/2012 and expires 8/31/2014. Permit
number COG840011.**

Corrective Action: **Install method to monitor and measure freeboard.** Date: **02/28/2014**

Pit Type: Skimming/Settling Lined: _____ Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: Metal Grid Netting Condition: Good

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: YES 2+ feet Freeboard: _____

Pit (S/U/V): _____ Comment: _____

Corrective Action: **Install method to monitor and measure freeboard.** Date: **02/28/2014**

Attached Documents

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

Document Num	Description	URL
673701175	Anderson 1 Wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3273340
673701176	Anderson 1 Battery treater sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3273341
673701177	Anderson 1 Battery treater	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3273342
673701179	Anderson 1 Battery skim pit	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3273343
673701180	Anderson 1 Battery tank sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3273344
673701181	Anderson 1 Battery discharge through field	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3273345
673701182	Anderson 1 Battery skim pit freeboard	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3273346
673701184	Anderson 1 Battery Permitted discharge	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3273347

673701198	Anderson 1 Battery tank maintenance	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3273348