

**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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| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

02/11/2014

Document Number:

600000778

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

|                     |             |        |                  |                          |             |
|---------------------|-------------|--------|------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name:  | On-Site Inspection       | 2A Doc Num: |
|                     | 240510      | 318053 | JOHNSON, RANDELL | <input type="checkbox"/> |             |

**Operator Information:**

OGCC Operator Number:

Name of Operator: K P KAUFFMAN COMPANY INC

Address: 1675 BROADWAY, STE 2800

City: DENVER State: CO Zip: 80202

☐ 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                     |
|-------------------|--------------|-------------------|-----------------------------|
| Lara-Mesa, Susana | 303-825-4822 | slaramesa@kpk.com | Engineering Project Manager |

**Compliance Summary:**

QtrQtr: SWSW Sec: 30 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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 04/01/2006 | 200088113 | CO         | PR          | Unsatisfactory               |          | Fail           | Yes             |
| 03/28/2005 | 200068729 | CO         | PR          | Satisfactory                 |          | Pass           | No              |
| 03/17/2005 | 200068318 | CO         | SI          | Satisfactory                 |          | Fail           | Yes             |
| 02/22/2005 | 200066841 | CO         | SI          | Unsatisfactory               |          | Fail           | Yes             |
| 10/02/2003 | 200044900 | CO         | PR          | Satisfactory                 |          | Pass           | No              |
| 11/11/1999 | 500162528 | PR         | PR          |                              |          |                |                 |
| 06/25/1997 | 500162527 | PR         | PR          |                              |          | Pass           | No              |
| 11/07/1994 | 500162526 |            | PR          |                              |          | Pass           | No              |
| 10/27/1994 | 500162525 |            | PR          |                              |          | Fail           | Yes             |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 240510      | WELL | PR     | 08/24/1975  | OW         | 123-08298 | GUADAGNOLI 1  | SI          |

**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****Signs/Marker:**

| Type                 | Satisfactory/Unsatisfactory | Comment                | Corrective Action                     | CA Date    |
|----------------------|-----------------------------|------------------------|---------------------------------------|------------|
| WELLHEAD             | Unsatisfactory              | No signage at wellhead | Install sign to comply with rule 210. | 03/11/2014 |
| BATTERY              | Satisfactory                |                        |                                       |            |
| TANK LABELS/PLACARDS | Satisfactory                |                        |                                       |            |

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: \_\_\_\_\_

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

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

**Spills:**

| Type  | Area     | Volume    | Corrective action  | CA Date    |
|-------|----------|-----------|--|------------|
| PW/CO | WELLHEAD | <= 5 bbls | Remove or remediate contaminated soil caused by spills from stuffing box at wellhead | 03/11/2014 |

☐ Multiple Spills and Releases?**Fencing/:**

| Type         | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|--------------|-----------------------------|---------|-------------------|---------|
| TANK BATTERY | Satisfactory                |         |                   |         |
| PUMP JACK    | Satisfactory                |         |                   |         |
| SEPARATOR    | Satisfactory                |         |                   |         |

**Equipment:**

| Type                        | # | Satisfactory/Unsatisfactory | Comment   | Corrective Action   | CA Date    |
|-----------------------------|---|-----------------------------|---|---|------------|
| Vertical Separator          | 1 | Satisfactory                |   |   |            |
| Gas Meter Run               | 1 | Satisfactory                |   |   |            |
| Prime Mover                 | 1 | Satisfactory                |   |   |            |
| Horizontal Heated Separator | 1 | Satisfactory                |   |   |            |
| Pump Jack                   | 1 |                             |   |   |            |
| Other                       |   | Unsatisfactory              | Surface casing/bradenhead access not plumbed to surface | Surface casing/bradenhead must be plumbed to surface to accommodate accessibility for inspection purposes | 03/11/2014 |

|   |                |                                   |  |                             |
|---|----------------|-----------------------------------|--|-----------------------------|
| <b>Facilities:</b>  |                | <input type="checkbox"/> New Tank | Tank ID: _____   |                             |
| Contents  | #              | Capacity                          | Type   | SE GPS                      |
| CRUDE OIL   | 1              | 300 BBLS                          | STEEL AST  | 40.103270,-104.939840       |
| S/U/V:  | Unsatisfactory |                                   | Comment: Tank not painted according to COGCC regulations |                             |
| Corrective Action: Paint tank according to COGCC regulations (Rule 804) |                |                                   |  | Corrective Date: 04/11/2014 |

Paint

|           |            |
|-----------|------------|
| Condition | Inadequate |
|-----------|------------|

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           |                 |

|                    |              |                                   |                  |                       |
|--------------------|--------------|-----------------------------------|------------------|-----------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____   |                       |
| Contents           | #            | Capacity                          | Type             | SE GPS                |
| PRODUCED WATER     | 1            | <50 BBLS                          | BV CONCRETE      | 40.102890,-104.940410 |
| S/U/V:             | Satisfactory |                                   | Comment: 30 bbls |                       |
| Corrective Action: |              |                                   |                  | Corrective Date:      |

Paint

|           |  |
|-----------|--|
| Condition |  |
|-----------|--|

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           |                 |

|                 |         |  |
|-----------------|---------|--|
| <b>Venting:</b> |         |  |
| Yes/No          | Comment |  |
| NO              |         |  |

|                 |                             |         |                   |         |
|-----------------|-----------------------------|---------|-------------------|---------|
| <b>Flaring:</b> |                             |         |                   |         |
| Type            | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|                 |                             |         |                   |         |

**Predrill**

Location ID: 240510

**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: 240510 Type: WELL API Number: 123-08298 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: SI

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: JOHNSON, RANDELL

|   |  |                              |            |
|---|--|------------------------------|------------|
| Comment: <input style="width:700px" type="text"/>         |  |                              |            |
| Corrective Action: _____                                  |  | Date: _____                  |            |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |            |
| Proximity to Surface Water: _____                         |  | Depth to Ground Water: _____ |            |
| <b>Water Well:</b>  |  |                              |            |
|   |  | Lat _____                    | Long _____ |
| DWR Receipt Num: _____                                    | Owner Name: _____                                  | GPS : _____                  |            |
| <b>Field Parameters:</b>                                  |  |                              |            |
| <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: Ground snow covered

|        |   |          |          |               |
|--------|---|----------|----------|---------------|
| 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 \_\_\_\_\_

Inspector Name: JOHNSON, RANDELL

Non-Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

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

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

S/U/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: Ground snow covered

CA: \_\_\_\_\_

**Pits:** ☒ NO SURFACE INDICATION OF PIT