

Inspector Name: Maclaren, Joe

**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:

02/19/2014

Document Number:

674600014

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                 |                                            |
|---------------------|-------------|--------|-----------------|--------------------------------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection                         |
|                     | 288344      | 334034 | Maclaren, Joe   | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**

OGCC Operator Number:

Name of Operator: MCELVAIN ENERGY INCAddress: 1050 17TH ST STE 2500City: DENVER State: CO Zip: 80265-

- ☐ 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 |
|-------------------|---------------------------|------------------------------|---------|
| Powell, Debby     | 303-893-0933<br>off/10066 | debby@mcclvain.com           |         |
| AHLSTRAND, DENNIS |                           | dennis.ahlstrand@state.co.us |         |

**Compliance Summary:**QtrQtr: NWNE Sec: 17 Twp: 32N Range: 6W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 11/17/2010 | 200284387 | PR         | PR          | Satisfactory                 |          |                | No              |
| 10/01/2008 | 200196158 | PR         | PR          | Satisfactory                 |          |                | No              |

**Inspector Comment:**


---



---

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 271539      | WELL | PR     |             | GW         | 067-08933 | PAYNE 1       | PR          | <input checked="" type="checkbox"/> |
| 288344      | WELL | PR     | 03/15/2011  | GW         | 067-09277 | PAYNE C-3     | PR          | <input checked="" type="checkbox"/> |
| 300106      | WELL | PR     | 06/14/2010  | GW         | 067-09653 | PAYNE 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 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**Emergency Contact Number: (S/U/V) Satisfactory

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

Inspector Name: Maclaren, Joe

|                    |  |
|--------------------|--|
| Comment:           |  |
| Corrective Action: |  |

| <b>Good Housekeeping:</b> |                             |                                                                          |                       |         |
|---------------------------|-----------------------------|--------------------------------------------------------------------------|-----------------------|---------|
| Type                      | Satisfactory/Unsatisfactory | Comment                                                                  | Corrective Action     | CA Date |
|                           |                             | There are fencing materials/ trash located on the SE corner of location. | Remove from location. |         |

| <b>Spills:</b> |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| Type           | Area | Volume | Corrective action | CA Date |

☐ Multiple Spills and Releases?

| <b>Fencing/:</b> |                             |         |                   |         |
|------------------|-----------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| SEPARATOR        | Satisfactory                |         |                   |         |
| WELLHEAD         | Satisfactory                |         |                   |         |
| PUMP JACK        | Satisfactory                |         |                   |         |

| <b>Equipment:</b>           |   |                             |                                   |                   |         |
|-----------------------------|---|-----------------------------|-----------------------------------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment                           | Corrective Action | CA Date |
| Prime Mover                 | 1 | Satisfactory                |                                   |                   |         |
| Pump Jack                   | 1 | Satisfactory                |                                   |                   |         |
| Flow Line                   | 3 | Satisfactory                |                                   |                   |         |
| Other                       | 2 | Satisfactory                | Vertical Heated Glycol Dehydrator |                   |         |
| Bird Protectors             | 5 | Satisfactory                |                                   |                   |         |
| Other                       | 2 | Satisfactory                | Flowing wellheads                 |                   |         |
| Ancillary equipment         | 1 | Satisfactory                | Cathodic Protection equipment     |                   |         |
| Gas Meter Run               | 3 | Satisfactory                |                                   |                   |         |
| Deadman # & Marked          | 4 | Satisfactory                |                                   |                   |         |
| Horizontal Heated Separator | 1 | Satisfactory                |                                   |                   |         |

Inspector Name: Maclaren, Joe

|                    |              |                                   |                |                  |
|--------------------|--------------|-----------------------------------|----------------|------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____ |                  |
| Contents           | #            | Capacity                          | Type           | SE GPS           |
| PRODUCED WATER     | 2            | <100 BBLS                         | Open Top       | ,                |
| 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 |
|---------|

|                    |                                   |                |
|--------------------|-----------------------------------|----------------|
| <b>Facilities:</b> | <input type="checkbox"/> New Tank | Tank ID: _____ |
|--------------------|-----------------------------------|----------------|

|                |   |          |           |        |
|----------------|---|----------|-----------|--------|
| Contents       | # | Capacity | Type      | SE GPS |
| PRODUCED WATER | 3 | 300 BBLS | STEEL AST | ,      |

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

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

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

**Predrill**

Location ID: 288344

**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: 271539 Type: WELL API Number: 067-08933 Status: PR Insp. Status: PR

Facility ID: 288344 Type: WELL API Number: 067-09277 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

Facility ID: 300106 Type: WELL API Number: 067-09653 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**Environmental**

**Spills/Releases:**

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

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

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:**

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? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Waste Material Onsite? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors removed? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

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

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Inspector Name: Maclaren, Joe

Cropland

Top soil replaced Pass

Recontoured Pass

Perennial forage re-established Pass

Non-Cropland

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

Recontoured \_\_\_\_\_

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

1003 f. Weeds Noxious weeds? P

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

Overall Interim Reclamation Pass

**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            | Compaction              | Pass                  |               |                          |         |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |

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

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

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

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