

**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:  
03/24/2014

Document Number:  
674600135

Overall Inspection:  
**Unsatisfactory**

**FIELD INSPECTION FORM**

|                     |               |               |                      |                    |                          |
|---------------------|---------------|---------------|----------------------|--------------------|--------------------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:      | On-Site Inspection | <input type="checkbox"/> |
|                     | <u>293817</u> | <u>334051</u> | <u>Maclaren, Joe</u> | 2A Doc Num:        |                          |

**Operator Information:**

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

Name of Operator: ENERGEN RESOURCES CORPORATION

Address: 2010 AFTON PLACE

City: FARMINGTON State: NM Zip: 87401

- 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 |
|-------------------|----------------|------------------------------|---------|
| Mohler, Sam       |                | sam.mohler@energen.com       |         |
| Campbell, Kellie  | (505) 324-4152 | kellie.campbell@energen.com  |         |
| AHLSTRAND, DENNIS |                | dennis.ahlstrand@state.co.us |         |

**Compliance Summary:**

QtrQtr: SESE Sec: 1 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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 05/12/2009 | 200210140 | PR         | PR          | Satisfactory                 |          |                | No              |

**Inspector Comment:**

Dennis (COGCC) - Please add well # 007-06185 to location #334051. Please remove the previous location #333338 from the database. Overall unsatisfactory inspection based upon open thief hatch on tank and stuffing box leak/ contaminated soils at pumping unit. Deadmen need to be located and marked.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 261584      | WELL | PR     |             | GW         | 007-06185 | SWANEMYR 32-6 1-1 | PR          | <input checked="" type="checkbox"/> |
| 277576      | WELL | PR     | 05/11/2005  | GW         | 007-06212 | SWANEMYR 32-6 1-2 | PR          | <input checked="" type="checkbox"/> |
| 293817      | WELL | PR     | 11/30/2007  | GW         | 007-06240 | SWANEMYR 32-6 1-3 | 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: \_\_\_\_\_

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

| <b>Good Housekeeping:</b> |                             |   |   |            |
|---------------------------|-----------------------------|---|---|------------|
| Type                      | Satisfactory/Unsatisfactory | Comment   | Corrective Action   | CA Date    |
| OTHER                     | Unsatisfactory              | Stuffing box leak on the Swanemyr #1-2. Picture attached. | Repair stuffing box leak and remediate contaminated soils and gravel around wellhead. | 04/01/2014 |

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

| <b>Fencing/:</b> |                             |  |                   |         |
|------------------|-----------------------------|--|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment  | Corrective Action | CA Date |
| PUMP JACK        | Satisfactory                | Chain link fence with barbed wire around pumping units. Gate locked. |                   |         |
| WELLHEAD         | Satisfactory                | Stock panels around wellhead   |                   |         |

| <b>Equipment:</b>         |    |                             |                            |   |         |
|---------------------------|----|-----------------------------|----------------------------|---|---------|
| Type                      | #  | Satisfactory/Unsatisfactory | Comment                    | Corrective Action   | CA Date |
| Deadman # & Marked        | 12 | Satisfactory                |                            | 2 of 12 deadmen need to be marked   |         |
| Vertical Heated Separator | 3  | Satisfactory                |                            |   |         |
| Ancillary equipment       | 1  | Satisfactory                | AC electrical service      |   |         |
| Bird Protectors           | 5  | Satisfactory                |                            |   |         |
| Other                     | 1  | Satisfactory                | Flowing welhead            |   |         |
| Ancillary equipment       | 2  | Satisfactory                | Chemical injection systems | Wildlife netting beginning to come down on secondary containment pan on Swanemyr #1-3. Netting needs to be reestablished. Obvious chemical residual in pan. |         |
| Ancillary equipment       | 1  | Satisfactory                | Water transfer pump        |   |         |
| Flow Line                 | 3  | Satisfactory                |                            |   |         |
| Ancillary equipment       | 1  | Satisfactory                | Telemetry                  |   |         |
| Pump Jack                 | 2  | Satisfactory                |                            |   |         |

|                    |                                   |                                   |                     |   |            |
|--------------------|-----------------------------------|-----------------------------------|---------------------|---|------------|
| <b>Facilities:</b> |                                   | <input type="checkbox"/> New Tank | Tank ID: _____      |   |            |
| Contents           | #                                 | Capacity                          | Type                | SE GPS                                    |            |
| PRODUCED WATER     | 2                                 | 400 BBLS                          | STEEL AST           | 37.042800,-107.445980                     |            |
| S/U/V:             | Unsatisfactory                    |                                   | Comment:            | The thief hatch on the west tank is open. |            |
| Corrective Action: | Close thief hatches on all tanks. |                                   |                     | Corrective Date:                          | 04/01/2014 |
| <b>Paint</b>       |                                   |                                   |                     |   |            |
| Condition          | Adequate                          |                                   |                     |   |            |
| Other (Content)    | _____                             |                                   |                     |   |            |
| Other (Capacity)   | _____                             |                                   |                     |   |            |
| Other (Type)       | _____                             |                                   |                     |   |            |
| <b>Berms</b>       |                                   |                                   |                     |   |            |
| 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: 293817

**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: 261584 Type: WELL API Number: 007-06185 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

Facility ID: 277576 Type: WELL API Number: 007-06212 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

Facility ID: 293817 Type: WELL API Number: 007-06240 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? \_\_\_\_\_ 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? \_\_\_\_\_  
 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

Inspector Name: Maclaren, Joe

Production areas have been stabilized? Pass

Segregated soils have been replaced? Pass

**RESTORATION AND REVEGETATION**

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 | Culverts                | Pass                  |               |                          |         |
|                  |                 |                         |                       | MHSP          | Pass                     |         |
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

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

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

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

**Pits:**  NO SURFACE INDICATION OF PIT

**Attached Documents**

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

| Document Num | Description                 | URL   |
|--------------|-----------------------------|---|
| 674600140    | 007-06240 Stuffing box leak | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3307604">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3307604</a> |