

**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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Inspection Date:

03/25/2014

Document Number:

673800634

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>419836</u>	<u>419849</u>	<u>Gomez, Jason</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number:

Name of Operator: CHESAPEAKE OPERATING INCAddress: P O BOX 18496City: OKLAHOMA CITY State: OK Zip: 73154-

- ☐ 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
Anderson, Sandi	O 307-234-9045	sandi.andrew@chk.com	

Compliance Summary:QtrQtr: NWNW Sec: 28 Twp: 10N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/21/2011	200304586	DG	DG	Satisfactory			No
03/15/2011	200304607	DG	DG	Satisfactory			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
419836	WELL	PR	07/14/2011	OW	123-32368	STATE 10-67 28-1H	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: <u>1</u>	Water Tanks: <u>1</u>	Separators: <u>1</u>	Electric Motors: <u>1</u>
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>2</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			

Inspector Name: Gomez, Jason

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Unsatisfactory	Unmarked 5 gallon container by pump jack	Reomove unmarked container and label	04/25/2014

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory	Wire		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Separator	1	Unsatisfactory	Leaking from piping	Repair leak and remove stained soil	04/25/2014
Prime Mover	1	Satisfactory	Gasoline Engine on transfer pump		
Vertical Heated Separator	1	Unsatisfactory	Leaking in house approx 6"x6" stained soil from leaks on piping	remove stained soil and repair leaks	04/25/2014
Gas Meter Run	1	Satisfactory			
Flare	1	Satisfactory			
Ancillary equipment	1	Satisfactory	Transfer Pump		
Prime Mover	1	Unsatisfactory	Leaking oil Pump Jack	Remove stained or remediate soil and repair leak	04/24/2014
Bird Protectors	2	Satisfactory			
Pump Jack	1	Unsatisfactory	Leaking oil	Repair leak and remove or remediate stained soil	05/24/2014
Emission Control Device	1	Satisfactory			
Ancillary equipment	3	Satisfactory	Telemetry Equipment		

Inspector Name: Gomez, Jason

Facilities:		<input checked="" type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	400 BBLS	FIBERGLASS AST	40.812030,-104.902970	
S/U/V:	Unsatisfactory		Comment: leaking on piping on North side on tank		
Corrective Action: Repair leak and remove or remediate stained soil				Corrective Date: 04/24/2014	

Paint

Condition	
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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: _____
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Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4	400 BBLS	STEEL AST	40.812030,-104.902970
S/U/V:	Satisfactory		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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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				

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ignitor/Combustor	Satisfactory			

Predrill

Location ID: 419836

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	allisonr	Operator must implement site-specific best management practices in accordance with good engineering practices, including, but not limited to, construction of a berm or diversion dike, site grading, or other comparable measures, sufficient to protect the intermittent pond located 310 feet south of the oil and gas location from a release of drilling, completion, produced fluids, and chemical products.	09/20/2010

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: 419836 Type: WELL API Number: 123-32368 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

Inspector Name: Gomez, Jason

Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border:1px solid black; height:20px; width:100%;"></div>		
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: RANGELAND	
Comment: <div style="border:1px solid black; height:20px; width:100%;"></div>	

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?		CM						
	CA							CA Date	
	Guy line anchors removed?		CM						
	CA							CA Date	04/25/2014
	Guy line anchors marked?	Pass	CM						
	CA							CA Date	

1003b.	Area no longer in use? Fail		Production areas stabilized ?	Pass	
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? _____		Segregated soils have been replaced? _____		

RESTORATION AND REVEGETATION

Cropland

Inspector Name: Gomez, Jason

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Fail

1003 f. Weeds Noxious weeds? P

Comment: Need to start reclamation of overall site

Overall Interim Reclamation Fail

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

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
Gravel	Pass					
Berms	Pass	Gravel	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT