

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:
03/21/2014

Document Number:
673400314

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>430124</u>	<u>430124</u>	<u>Waldron, Emily</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: _____
 Name of Operator: QUICKSILVER RESOURCES INC
 Address: 801 CHERRY ST - #3700 UNIT 19
 City: FT WORTH State: TX Zip: 76102

- 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
Page, Stan	817-665-5480	spage@grinc.com	
KELLERBY, SHAUN		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr: NESE Sec: 12 Twp: 7N Range: 93W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
430124	LOCATION	AC	09/06/2012		-	Lay Creek Facility	AC

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: _____	Electric Motors: <u>1</u>
Gas or Diesel Motors: <u>8</u>	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: <u>8</u>	VOC Combustor: _____	Oil Tanks: <u>2</u>	Dehydrator Units: <u>1</u>
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location

Signs/Marker:	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Unsatisfactory	Incomplete label on all tanks. (See attached photo)	Install sign to comply with rule 210.	04/25/2014
BATTERY	Unsatisfactory	No sign at battery or anywhere on location to identify location or list wells associated with this facility.	Install sign to comply with rule 210.	04/25/2014

Inspector Name: Waldron, Emily

CONTAINERS	Unsatisfactory	Incomplete labels on all containers. (See attached photos)	Install sign to comply with rule 210.	04/25/2014
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Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: 1-866-420-5396. On tank labels.

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory	Weeds beginning to encroach on location. (See photo)	Implement a weed control program.	04/25/2014
STORAGE OF SUPL	Unsatisfactory	Equipment stored on location. (See photo)	Remove all equipment not necessary for production.	04/25/2014

Spills:

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

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Dehydrator	1	Satisfactory			
Horizontal Separator	1	Satisfactory	Berm is compromised. (See attached photo)		

Facilities:

New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	40.571950,-107.775810

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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	400 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	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action	_____			Corrective Date	_____
Comment	_____				
Venting:					
Yes/No	Comment				_____
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
_____	_____	_____	_____	_____	

Predrill

Location ID: 430124

Site Preparation:

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

S/U/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczkod	<p>SITE SPECIFIC COAs:</p> <p>Notify COGCC 48 hours prior to start of construction of the compressor pad via Form 42.</p> <p>Operator must ensure secondary containment for any volume of fluids contained at the site during natural gas activities and operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition.</p> <p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines.</p> <p>All tanks and aboveground vessels containing fluids must have secondary containment structures. All secondary containment structures/areas must be lined. Operator must ensure 150 percent secondary containment for the largest structure containing fluids within each bermed area the facility during operations. The construction and lining of the secondary containment structures/areas shall be supervised by a professional engineer or their agent.</p> <p>Berms or other containment devices shall be constructed to be sufficiently impervious (preferably corrugated steel with a liner) to contain any spilled or released material around crude oil, condensate, and produced water storage tanks.</p> <p>Operator must submit a Form 12, Gas Facility Registration/Change of Operator, and provide COGCC with the required documents and financial assurance documents for this facility prior to startup.</p> <p>Operator shall implement reasonable noise reduction equipment on compressors and other production equipment or add sound barriers to limit noise levels at property boundaries. Operator shall comply with the applicable noise levels presented in Rule 802. Noise Abatement.</p>	08/20/2012

S/U/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

BMP Type	Comment
Wildlife	<ol style="list-style-type: none"> 1. Where oil and gas activities must occur in mule deer critical winter range, elk winter concentration areas, Quicksilver Resources Inc. agrees to limit construction on this facility during the time period from December 1 through April 15. 2. Quicksilver agrees to restrict visits to the site between the hours of 10:00 a.m. and 3:00 p.m. and between December 1 and April 15 whenever feasible. The site will not be manned fully but there will be times when operational conditions at the site require immediate attention. 3. Quicksilver agrees to be in compliance with Rule 802.c, "Noise Abatement", for a light industrial zone. 4. Use hospital grade mufflers for compressors, pump jacks, or other motors necessary to run operations at the site. 5. Quicksilver agrees to employ other noise reduction features whenever possible. This facility cannot rely on electric power for compression and will run on natural gas driven compression. 6. Use combustors, instead of traditional flare technology, to reduce avoidance of grouse and big game. 7. Establish company guidelines to minimize wildlife mortality from vehicle collisions on roads. 8. Include a weed management plan and implement the plan as part of reclamation. 9. Reclaim greater sage-grouse, mule deer, and elk habitats with native shrubs, grasses, and forbs appropriate to the ecological site disturbed. 10. Install and utilize bear-proof dumpsters and trash receptacles for all food-related trash on location, following COGCC Rule 1204 a-1.

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:

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: RANGELAND

Comment: _____

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: Waldron, Emily

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

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

S/U/V: Satisfactory

Corrective Date: _____

Comment: No apparent soil migration; erosion or soil movement.

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Which wells are serviced by this facility? Please provide list of equipment on location and list of wells serviced by this facility to inspector.	waldrone	03/21/2014

Attached Documents

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

Document Num	Description	URL
673400341	Tank Labels	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3309878
673400342	Container Labels	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3309879
673400343	Equipment on location	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3309880