

Inspector Name: Sherman, Susan

**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:

04/08/2014

Document Number:

673702200

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	209666	322198	Sherman, Susan	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number: _____

Name of Operator: SMITH ENERGY CORPAddress: 12706 SHILOH RDCity: GREELEY State: CO Zip: 80631

- ☐ 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
Smith, Glen	(970)386-6253	gsmith@what-wire.com	

Compliance Summary:QtrQtr: SWNE Sec: 16 Twp: 6S Range: 64W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/23/2012	668200262	PR	SI	Satisfactory	P		No
08/06/2010	200267364	PR	SI	Satisfactory			No
09/13/2007	200124273	PR	PR	Unsatisfactory			Yes
07/04/2002	200028191	PR	PR	Satisfactory		Pass	No
05/27/2002	200026911	PR	PR	Unsatisfactory		Fail	Yes
07/15/1996	500141624	PR	PR			Fail	Yes
12/28/1995	500141623	ID	TA			Fail	Yes

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
209666	WELL	PR	11/04/2003	GW	039-06571	RUNNING CREEK STATE 4	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

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Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	Rutted but vegetated.		
Main	Unsatisfactory	CR 184.0 check dams full.	Maintain check dams.	05/16/2014

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	barbed wire		

Equipment:				
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action
Plunger Lift	1	Satisfactory		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	39.535450,-104.552960

S/U/V: _____ Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Venting:		
Yes/No	Comment	

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Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 209666

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: 209666 Type: WELL API Number: 039-06571 Status: PR Insp. Status: PR

Producing Well

Comment: Jan 2014 last reported production data. Submit Form 7 to COGCC with 45 days of the end of the month of last production.

Environmental

Spills/Releases:

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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:

DWR Receipt Num:	Owner Name:	GPS :	Lat	Long
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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: rangeland

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

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Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

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
Other	Fail	Compaction	Fail			vegetation

S/U/V: _____ Corrective Date: _____

Comment: **Stressed vegetation on location at end of pipe (see attached photo).
See roads for correction action on road compaction.**

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
673702276	Smith RC 4 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3319803
673702277	Smith RC 4 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3319804
673702278	Smith RC 4 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3319805
673702279	Smith RC 4 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3319806
673702280	Smith RC 4 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3319807
673702281	Smith RC 4 well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3319808