

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
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Inspection Date:
04/22/2014

Document Number:
668602531

Overall Inspection:

ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>292827</u>		<u>QUINT, CRAIG</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10237</u>
Name of Operator:	<u>JONES ENERGY LTD</u>
Address:	<u>807 LAS CIMAS PKWY #350</u>
City:	<u>AUSTIN</u> State: <u>TX</u> Zip: <u>78746</u>

- 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
RAMOS, MARTHA		martha.ramos@state.co.us	
ROBERTS, DEBORAH	(512) 672-7173	droberts@jonesenergy.com	
BRYSON, STEVE	(512) 328-2953	sbryson@jonesenergy.com	
Arthur, Denise		denise.arthur@state.co.us	

Compliance Summary:

QtrQtr: _____ Sec: _____ Twp: _____ Range: _____

Inspector Comment:

WITHIN 10 DAYS OF RECEIPT OF THIS INSPECTION SUBMIT A RECLAMATION PLAN TO COGCC.REMOVE EQUIPMENT AND DEBRIS, RECLAIM LOCATION.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
292827	GAS COMPRESSOR	AL	11/05/2010		-	BACA COMPRESSOR	AL <input checked="" type="checkbox"/>

Equipment:

Location Inventory

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	ACTION REQUIRED	NO CURRENT OPERATOR SIGNS.	Install sign to comply with rule 210.	06/22/2014

Emergency Contact Number (S/A/V): _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DEBRIS	ACTION REQUIRED	PARTS AND DEBRIS OVER WHOLE LOCATION.	REMOVE AND RECLAIM	06/22/2014

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

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	ACTION REQUIRED	LOCATION IS FENCED WITH WIRE THAT IS NOT INTACT.	REMOVE AND RECLAIM	06/22/2014

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Pig Station	2	SATISFACTORY	NOT IN USE		
Gathering Line	1	SATISFACTORY	NOT IN USE		
Vertical Separator	1	ACTION REQUIRED	NOT IN OPERATING CONDITION	REMOVE AND RECLAIM	06/22/2014
Ancillary equipment	4	ACTION REQUIRED	ELEC PANELS, DAMAGED COMPRESSOR SHED, DAMAGED STORAGE SHED, CEMENT PADS	REMOVE AND RECLAIM	06/22/2014
Gas Meter Run	1	ACTION REQUIRED	NOT IN USE, DISCONNECTED	REMOVE AND RECLAIM	06/22/2014

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	100 BBLS	STEEL AST	37.192080,-102.131170
S/A/V:	ACTION REQUIRED	Comment: TANK HAS HOLES AND DAMAGE, NO BERMS		
Corrective Action:	REMOVE AND RECLAIM			Corrective Date: 06/22/2014

Paint	
Condition	<input type="text"/>
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

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

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	300 BBLS	STEEL AST	37.192540,-102.131160	
S/AV:	ACTION REQUIRED		Comment: TANK IS EMPTY WITH HOLES IN THE BOTTOM.		
Corrective Action:	REMOVE AND RECLAIM			Corrective Date:	06/22/2014
Paint					
Condition					
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment	INADEQUATE BERMS				
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	

Predrill

Location ID: 292827

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 292827 Type: GAS API Number: - Status: AL Insp. Status: AL

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? _____ 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 _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____ Fail _____

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 **Fail** No disturbance /Location never built _____

Access Roads Regraded _____ Contoured **Fail** Culverts removed _____

Gravel removed **Fail**

Location and associated production facilities reclaimed **Fail** Locations, facilities, roads, recontoured **Fail**

Compaction alleviation **Fail** Dust and erosion control **Fail**

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present **Fail** Subsidence _____

Comment: **SE CORNER OF LOCATION (37.19169, -102.13031). LOCATION HAS SEVERAL PIECES OF EQUIPMENT, CEMENT PADS, PIPELINE RISERS AND TANKS STILL IN PLACE.**

Corrective Action: **SEE COMMENTS ON FIRST AND LAST PAGE.** Date **06/22/2014**

Overall Final Reclamation **Fail** 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/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
WITHIN 10 DAYS OF RECEIPT OF THIS INSPECTION SUBMIT A RECLAMATION PLAN TO COGCC. REMOVE EQUIPMENT AND DEBRIS, RECLAIM LOCATION.	quintc	04/23/2014

Attached Documents

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

Document Num	Description	URL
668602532	DAMAGED COMPRESSOR SHED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3329241
668602533	DAMAGED STORAGE SHED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3329242
668602534	METER RUN	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3329243
668602535	SEPERATOR	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3329244
668602536	PIG STATION	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3329245
668602537	CONDENSATE TANK	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3329246
668602538	ENTRANCE	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3329247