

**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:

04/28/2014

Document Number:

668602564

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	208225	321852	QUINT, CRAIG	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 72185Name of Operator: PRODUCTION MANAGEMENT INCAddress: 5000 BUTTE ST #107City: BOULDER State: CO Zip: 80301

- ☐ 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
Whiting, Jim	719-688-0064	jimwhiting_99@yahoo.com	
Warren, William	303-449-0557	williamwarren@hotmail.com	
KOEHLER, BOB		bob.koehler@state.co.us	

Compliance Summary:QtrQtr: SWNW Sec: 18 Twp: 16S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/07/2013	668600895	IJ	AC	SATISFACTOR Y			No
10/22/2012	663901868	IJ	SI	VIOLATION			Yes
05/06/2011	200310045	RT	AC	SATISFACTOR Y			No
04/19/2010	200243557	RT	AC	SATISFACTOR Y			No
05/19/2009	200210937	RT	AC	SATISFACTOR Y			No
03/27/2008	200129468	MI	AC	SATISFACTOR Y			No
04/27/2007	200109740	RT	AC	SATISFACTOR Y		Pass	No
07/20/2006	200094586	RT	AC	SATISFACTOR Y		Pass	No
04/26/2006	200090214	RT	AC	ACTION REQUIRED		Fail	Yes
07/29/2005	200074937	RT	AC	ACTION REQUIRED		Fail	Yes
06/24/2004	200058254	RT	AC	SATISFACTOR Y		Pass	No
01/21/2003	200034529	MI	SI	SATISFACTOR Y		Pass	No
04/01/1999	500140217	SR	PA		P	Pass	No
01/25/1999	500140216	SR	PA		F	Fail	Yes

Inspector Name: QUINT, CRAIG

07/13/1998	500140219	CA	PA		F	Pass	No
06/11/1997	500140215	ID	TA			Pass	No
01/17/1996	500140218	ID	TA			Fail	Yes
10/20/1994	500140214		TA				Yes

Inspector Comment:

CASING ANG TBG HAD -22" VACUUM, STOP INJECTING IMMEDIATELY, PERFORM A PASSING MECHANICAL INTEGRITY TEST BY 5/28/2014.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159088	UIC DISPOSAL	AC	01/21/2003		-	COE TRUST 12B-18 SWD 2	AC	<input type="checkbox"/>
208225	WELL	IJ	09/24/2011	DSPW	017-07160	COE TRUST 12B-18 2	AC	<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

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	DIRT ROAD THROUGH FARM GROUND		

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN BY WELL, LAYING ON THE GROUND.	RE-INSTALL SIGN	

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 208225

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 208225 Type: WELL API Number: 017-07160 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: Other _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -22" HG
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: STLSP

TC: Pressure or inches of Hg -22" HG

Previous Test Pressure _____ Last MIT: 06/07/2013

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTReq: YES

Comment: CASING ANG TBG HAD -22" VACUUM, STOP INJECTING IMMEDIATELY, PERFORM A PASSING MECHANICAL INTEGRITY TEST.

Method of Injection: GRAVITY FEED

Test Type: _____

Tbg psi: _____

Csg psi: _____

BH psi: _____

Insp. Status: _____

Comment: _____

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:

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

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? _____ 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? _____

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 _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: **UNUSED AREAS OF THE LOCATION ARE FARMED.**

Overall Interim Reclamation Pass

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: _____	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date _____
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/> Multi-Well Location <input type="checkbox"/>

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Pass	Compaction	Pass			

Inspector Name: QUINT, CRAIG

S/A/V: _____ Corrective Date: _____

Comment: LOCATION IS FARMED OVER

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
CASING ANG TBG HAD -22" VACUUM, STOP INJECTING IMMEDIATELY, PERFORM A PASSING MECHANICAL INTEGRITY TEST BY 5/28/2014.	quintc	04/29/2014