

**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:

04/29/2014

Document Number:

668602570

Overall Inspection:

VIOLATION**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	208143	321830	QUINT, CRAIG	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10142Name of Operator: MID-CON ENERGY OPERATING LLCAddress: 2431 E 61ST ST STE 850City: TULSA State: OK Zip: 74136

- ☐ 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
KOEHLER, BOB		bob.koehler@state.co.us	
Friend, Bonnie	918-743-2360 off	bfriender@midcon-energy.com	

Compliance Summary:QtrQtr: SWNE Sec: 12 Twp: 13S Range: 43W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/08/2013	668600607	IJ	AC	SATISFACTOR Y			No
11/21/2011	663900113	IJ	AC	SATISFACTOR Y	P		No
05/23/2011	200310809	RT	AC	SATISFACTOR Y			No
03/02/2010	200235523	RT	AC	SATISFACTOR Y			No
06/24/2009	200213486	RT	AC	SATISFACTOR Y			No
05/16/2008	200190095	RT	AC	SATISFACTOR Y			No
04/27/2007	200109744	RT	AC	SATISFACTOR Y		Pass	No
10/03/2006	200098126	MI	SI	SATISFACTOR Y		Pass	No
06/29/1999	873396	PR	PR			Pass	No
09/25/1997	500140048	PR	PR			Pass	No
02/08/1996	500140047	PR	PR			Pass	No
01/25/1995	500140046	PR	PR				
12/03/1993	500140045		PR			Pass	No

Inspector Comment:

CORRECTIVE ACTION: RETURN INJECTION PRESSURE BELOW MAXIMUM PRESSURE ALLOWED IMMEDIATELY. CONTACT BOB KOEHLER WITH COGCC FOR VIOLATION WITHIN 10 DAYS OF RECEIPT OF THIS INSPECTION.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159169	UIC ENHANCED RECOVERY	AC	10/30/2006		-	HARKER RANCH MORROW SAND UNIT	AC	<input type="checkbox"/>
208143	WELL	IJ	05/24/2013	ERIW	017-07078	HARKER RANCHMORROW UNIT (HRMU) 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	GRAVEL ROAD THROUGH FARM GROUND		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN BY WELL		

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	STEEL AND WIRE PANELS AROUND ALL WELLHEAD EQUIPMENT		

Venting:

Yes/No	Comment

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

Predrill

Location ID: 208143

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: 208143 Type: WELL API Number: 017-07078 Status: IJ Insp. Status: AC

Underground Injection ControlUIC Violation: Operational ViolationMaximum Injection Pressure: 750**UIC Routine**Inj./Tube: Pressure or inches of Hg 840 PSIG
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: MRRWTC: Pressure or inches of Hg 0 PSIGPrevious Test Pressure _____ Last MIT: 11/21/2011

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTReq: NOComment: **CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ 840 PSIG. INJECTING OVER MAXIMUM PRESSURE ALLOWED. SEE CORRECTIVE ACTIONS ON FIRST AND LAST PAGE OF THIS INSPECTION.**Method of Injection: PUMP 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? Pass 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:	_____		
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	<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
Compaction	Pass	Compaction	Pass			

Inspector Name: QUINT, CRAIG

Gravel	Pass	Gravel	Pass			
S/A/V: SATISFACTOR Corrective Date: _____						
Y _____						
Comment: _____						
CA: _____						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						

COGCC Comments		
Comment	User	Date
RETURN INJECTION PRESSURE BELOW MAXIMUM PRESSURE ALLOWED IMMEDIATELY. CONTACT BOB KOEHLER WITH COGCC FOR VIOLATION WITHIN 10 DAYS OF RECEIPT OF THIS INSPECTION.	quintc	04/29/2014