

**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:

04/30/2014

Document Number:

668602580

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>212724</u>	<u>334272</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/> 2A Doc Num: _____

**Operator Information:**OGCC Operator Number: 16520Name of Operator: CHEMCO INCAddress: 558 CASTLE PINES PKWY UTB4#402City: CASTLE ROCK State: CO Zip: 80104

- ☐ 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
Neher, Gray	303-771-7777	bogray@msn.com	

**Compliance Summary:**QtrQtr: SWNE Sec: 35 Twp: 18S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/04/2013	668600599	SI	SI	SATISFACTORY			No
04/01/2013	668600589	SI	SI	ACTION REQUIRED	I		No
05/17/2012	663901893	SI	SI	ACTION REQUIRED	I		No
05/06/2011	200310048	RT	SI	SATISFACTORY			No
09/28/2010	200282807	SR	SI	ACTION REQUIRED	F		Yes
06/29/2010	200261156	SR	SI	ACTION REQUIRED			Yes
04/12/2010	200242419	RT	SI	SATISFACTORY			No
06/17/2009	200213264	RT	SI	SATISFACTORY			No
03/04/2008	200127642	MI	SI	SATISFACTORY			No
05/01/2007	200110241	RT	SI	SATISFACTORY		Pass	No
07/05/2006	200094295	RT	SI	SATISFACTORY		Pass	No
07/26/2005	200075148	RT	SI	SATISFACTORY		Pass	No
07/30/2004	200058100	RT	SI	ACTION REQUIRED		Fail	Yes
01/15/2003	200033920	MI	SI	SATISFACTORY		Pass	No

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07/25/2002	200030170	RT	SI	<b>ACTION REQUIRED</b>		<b>Fail</b>	Yes
08/21/2001	200019516	RT	SI	SATISFACTOR Y		Pass	No
08/28/2000	200009370	RT	AC	SATISFACTOR Y	I	Pass	No
04/07/2000	200011601	PR	AC	SATISFACTOR Y	I	Pass	No
11/27/1998	500144614	PR	SI			Pass	No
10/30/1995	500144613	PR	AC			Pass	Yes
11/07/1994	500144615		AC				
11/09/1993	500144612		AC				

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150033	UIC DISPOSAL	CL	03/23/1978		-	MUIR E J 1	CL	<input type="checkbox"/>
150233	UIC DISPOSAL	AC	03/15/1988		-	MUIR E J 1	AC	<input type="checkbox"/>
150311	UIC DISPOSAL	CL	02/19/1991		-	MUIR E J 1	CL	<input type="checkbox"/>
212724	WELL	SI	08/26/1997	DSPW	061-06084	MUIR E J 1	SI	<input checked="" type="checkbox"/>
212926	WELL	PR	12/30/2008	GW	061-06287	MUIR 1-A	PR	<input 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	<b>DIRT ROAD THROUGH PASTURE</b>		

**Signs/Marker:**

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

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

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				
<b>Venting:</b>				
Yes/No	Comment			
<b>Flaring:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
<b>Predrill</b>				
Location ID: 212724				
<b>Site Preparation:</b>				
Lease Road Adeq.:		Pads:	Soil Stockpile:	
<b>S/A/V:</b>				
Corrective Action:		Date:	CDP Num.:	
<b>Form 2A COAs:</b>				
<b>S/A/V:</b>	<b>Comment:</b>			
<b>CA:</b>				<b>Date:</b>
<b>Wildlife BMPs:</b>				
<b>S/A/V:</b>	<b>Comment:</b>			
<b>CA:</b>				<b>Date:</b>
<b>Stormwater:</b>				
<b>Comment:</b>				
<b>Staking:</b>				
<b>On Site Inspection (305):</b>				
<b>Surface Owner Contact Information:</b>				
Name:		Address:		
Phone Number:		Cell Phone:		
<b>Operator Rep. Contact Information:</b>				
Landman Name:		Phone Number:		
Date Onsite Request Received:		Date of Rule 306 Consultation:		
Request LGD Attendance:				
<b>LGD Contact Information:</b>				
Name:		Phone Number:	Agreed to Attend:	
<b>Summary of Landowner Issues:</b>				
<b>Summary of Operator Response to Landowner Issues:</b>				
<b>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</b>				
<b>Facility</b>				

Facility ID: 212724 Type: WELL API Number: 061-06084 Status: SI Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**

Inj./Tube: Pressure or inches of Hg 0 PSIG  
(e.g. 30 psig or -30" Hg)

Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
Inj Zone: LYNS

TC: Pressure or inches of Hg 0 PSIG

Previous Test Pressure \_\_\_\_\_ Last MIT: 04/04/2013

Brhd: Pressure or inches of Hg \_\_\_\_\_

Previous Test Pressure \_\_\_\_\_ AnnMTReq: NO

Comment: CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG SHUT IN W/O PSIG.

Method of Injection: \_\_\_\_\_

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:**

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? 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? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

#### RESTORATION AND REVEGETATION

##### Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

##### Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? P

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

Overall Interim Reclamation Pass

#### **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 ☐

Inspector Name: QUINT, CRAIG

<b>Storm Water:</b>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Seeding	Pass	Compaction	Pass			
S/A/V: SATISFACTOR                      Corrective Date: _____ Y _____						
Comment: _____						
CA: _____						
<b>Pits:</b> <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						