

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:
668602582

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>212645</u>	<u>324793</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>16520</u>
Name of Operator:	<u>CHEMCO INC</u>
Address:	<u>558 CASTLE PINES PKWY UTB4#402</u>
City:	<u>CASTLE ROCK</u> State: <u>CO</u> Zip: <u>80104</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
Neher, Gray	303-771-7777	bogray@msn.com	

Compliance Summary:

QtrQtr: SWSE Sec: 10 Twp: 19S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/18/2013	668600641	IJ	SI	SATISFACTORY Y			No
04/04/2013	668600600	IJ	AC	VIOLATION			Yes
05/06/2011	200310052	RT	AC	SATISFACTORY Y			No
06/29/2010	200261190	SR	AO	SATISFACTORY Y			No
04/12/2010	200242415	RT	AC	SATISFACTORY Y			No
06/17/2009	200213260	RT	AC	SATISFACTORY Y			No
06/16/2008	200191049	MI	AC	SATISFACTORY Y			No
04/06/2007	200108903	RT	AC	SATISFACTORY Y		Pass	No
07/05/2006	200094294	RT	AC	SATISFACTORY Y		Pass	No
07/26/2005	200074868	RT	AC	SATISFACTORY Y		Pass	No
07/30/2004	200058095	RT	AC	SATISFACTORY Y		Pass	No
08/20/2003	200043205	MI	AC	SATISFACTORY Y		Pass	No
07/25/2002	200029486	RT	AC	SATISFACTORY Y		Pass	No
08/21/2001	200019519	RT	AC	SATISFACTORY Y		Pass	No

Inspector Name: QUINT, CRAIG

08/28/2000	200009368	RT	AC	SATISFACTORY Y	I	Pass	No
04/07/2000	200011615	PR	AC	SATISFACTORY Y	I	Pass	No
08/13/1998	500144480	PR	AC			Pass	No
10/18/1995	500144479	PR	AC			Pass	Yes
11/09/1993	500144478		AC				

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
115286	PIT		02/20/1974		-	LINCOLN	
150340	UIC DISPOSAL	AC	12/23/1992		-	LINCOLN 1	AC
212645	WELL	IJ	11/10/1992	OW	061-06005	LINCOLN 1	AC

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	PARTIALLY ELEVATED GRAVEL ROAD THROUGH PASTURE.		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN MOUNTED ON FENCE		

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 PANELS AROUND WELLHEAD		

Venting:	
Yes/No	Comment

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

Predrill

Location ID: 212645

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: 212645 Type: WELL API Number: 061-06005 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -2" HG Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: MSSP

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 04/18/2013

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: NO

Comment: CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ 2" VACUUM.

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? Pass

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 Pass

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

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Other	Pass			
Compaction	Pass	Compaction	Pass			
Other	Pass	Gravel	Pass			
Gravel	Pass	Ditches	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
 Y _____

Comment: ACCESS AND LOCATION ARE PARTIALLY GRASSED OVER.

CA: _____

Pits: NO SURFACE INDICATION OF PIT