

**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:

05/27/2014

Document Number:

668602697

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

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

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

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)
04/28/2014	668602564	IJ	AC	ACTION REQUIRED	P		No
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

Inspector Name: QUINT, CRAIG

04/01/1999	500140217	SR	PA		P	Pass	No
01/25/1999	500140216	SR	PA		F	Fail	Yes
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:

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	SI	<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

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
<input type="checkbox"/> 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: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 06/07/2013

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: GRAVITY FEED

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: **REPLACED 5 JTS TBG, CRIMPED 3JTS, 51ST HAD PIN HOLE, 55TH BAD COLLAR. REPLACED AND SET PACKER @ 4200'. MIRU COMPRESSOR, PRESSURE CASING TO 318 PSIG, MONITORED FOR 30 MINUTES WITH NO PRESUURE LOSS, (PASS). RESUME INJECTING.**

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 REVEGETATIONCropland

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**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

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

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

Comment: ACCESS AND LOCATION ARE FARMED OVER.

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT