

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:
06/11/2014

Document Number:
667200155

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>218811</u>	<u>312139</u>	<u>SCHURE, KYM</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>35190</u>
Name of Operator:	<u>GRAYHORSE OPERATING, INC.</u>
Address:	<u>20 EAST 5TH ST STE 320</u>
City:	<u>TULSA</u> State: <u>OK</u> Zip: <u>74103</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
Spear, Sam	(970)554-1988	samspear@kci.net	
Crumley, Jack		jlccrumley@gmail.com	

Compliance Summary:

QtrQtr: <u>NESE</u> Sec: <u>31</u> Twp: <u>8N</u> Range: <u>53W</u>							
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/26/2013	664001151	IJ	AC	SATISFACTORY Y			No
08/29/2012	663300489	IJ	IJ	SATISFACTORY Y	P		No
07/02/2012	663300272	IJ	AC	SATISFACTORY Y			No
05/10/2011	200310022	RT	AC	SATISFACTORY Y			Yes
05/17/2010	200250535	RT	AC	SATISFACTORY Y			No
07/23/2009	200215471	MI	AC	SATISFACTORY Y			No
04/08/2008	200130206	RT	AC	SATISFACTORY Y			No
06/06/2007	200112926	RT	AC	SATISFACTORY Y		Pass	No
05/22/2006	200090742	RT	AC	SATISFACTORY Y		Pass	No
08/17/2005	200075988	RT	AC	SATISFACTORY Y		Pass	No
04/09/2004	200052439	MI	SI	SATISFACTORY Y		Pass	No
03/11/2004	200051427	RT	AC	SATISFACTORY Y		Pass	No
08/22/2003	200042881	MI	AC	SATISFACTORY Y		Pass	No

Inspector Name: SCHURE, KYM

04/18/2003	200037807	RT	AC	SATISFACTORY Y	Pass	No
06/25/2002	200027860	RT	AC	SATISFACTORY Y	Pass	No
08/24/2001	200022402	RT	AC	SATISFACTORY Y	Pass	No
08/02/2000	200008341	RT	AC	SATISFACTORY Y	Pass	No

Inspector Comment:

UIC/MIT SATISFACTORY Casing pressure before start 0, Casing pressure at start 350psi., Casing pressure @5 min. 325 psi., Casing pressure @ 10 min. 325 psi., Casing pressure @ 15 min. 325 psi. Loss or Gain -25 psi.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
116357	PIT		09/23/1999		-	HOXIE	
150120	UIC DISPOSAL	AC	09/19/1973		-	HOXIE 2	AC
218811	WELL	IJ	05/01/2000	OW	075-05562	HOXIE 2 WD	IJ

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			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

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?				

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Venting:	
Yes/No	Comment

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

Predrill

Location ID: 218811

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: 150120 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 218811 Type: WELL API Number: 075-05562 Status: IJ Insp. Status: IJ

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

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

Previous Test Pressure _____

MPP _____

Inj Zone: JSND

TC: Pressure or inches of Hg _____

Previous Test Pressure _____

Last MIT: 07/21/2009

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTRReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year _____

Tbg psi: _____

Csg psi: 325

BH psi: _____

Insp. Status: Pass

Comment: No problems found. Loss or Gain during MIT -25 psi. Held 325 psi. through 15 min. duration

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? _____ 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 REVEGETATION

Cropland

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

Storm Water:

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

Inspector Name: SCHURE, KYM

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: No surface erosion from stormwater runoff observed. Well is located in rotational cropland/dryland.

CA: _____

Pits: NO SURFACE INDICATION OF PIT