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

Inspection Date: 06/17/2014

Document Number: 671101569

Overall Inspection: SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection ☐
	208816	322020	MONTOYA, JOHN	2A Doc Num:

Operator Information:

OGCC Operator Number: 17320

Name of Operator: CITY & COUNTY OF DENVER

Address: 8500 PENA BLVD RM 9870

City: DENVER State: CO Zip: 80249

- ☐ 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
Alonzo, Francisco		francisco.alonzo@flydenver.com	
ELLSWORTH, STUART		stuart.ellsworth@state.co.us	
KOEHLER, BOB		bob.koehler@state.co.us	

Compliance Summary:

QtrQtr: NESW Sec: 7 Twp: 2S Range: 65W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/20/2013	668300387	IJ	SI	SATISFACTORY	P		No
08/02/2012	667600609	IJ	IJ	SATISFACTORY	P		No
08/10/2011	200318431	MI	SI	ACTION REQUIRED			Yes
08/16/2010	200266769	RT	AC	SATISFACTORY			No
07/07/2009	200214805	RT	AC	SATISFACTORY			No
08/11/2008	200194032	RT	AC	SATISFACTORY			No
07/12/2007	200114631	RT	AC	SATISFACTORY		Pass	No
08/18/2006	200095030	RT	AO	SATISFACTORY		Pass	No
08/30/2005	200075867	MI	AC	SATISFACTORY		Pass	No
08/05/2004	200057767	RT	AC	SATISFACTORY		Pass	No
08/19/2003	200043000	RT	AC	SATISFACTORY		Pass	No
06/26/2002	200028145	RT	AC	SATISFACTORY		Pass	No

Inspector Name: MONTOYA, JOHN

07/24/2001	1084297	RT	AC	ACTION REQUIRED		Fail	Yes
09/08/2000	200009535	MI	AC	SATISFACTORY		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150433	UIC ENHANCED RECOVERY	CL	04/25/2005		-	THIRD CREEK JSND WTRFLD	CL	☒
159132	UIC ENHANCED RECOVERY	AC	07/21/2005		-	THIRD CREEK WATERFLOOD	AC	☐
208816	WELL	IJ	09/14/2000	IJ	031-06399	CHAMPLIN 117 AMOCO A 2	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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

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

Corrective Date:

Comment:

Corrective Action:

Spills:

Type	Area	Volume	Corrective action	CA Date

☐ Multilple Spills and Releases?

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Other	1	SATISFACTORY	electric pump		
Deadman # & Marked	4	SATISFACTORY			

Inspector Name: MONTOYA, JOHN

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	500 BBLS	STEEL AST	39.531790,-104.423810

S/A/V:	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Venting:	
Yes/No	Comment

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

Predrill

Location ID: 208816

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: 150433 Type: UIC API Number: - Status: CL Insp. Status: CL

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

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

Comment:

Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment:

Facility ID: 208816 Type: WELL API Number: 031-06399 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/02/2012

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

Comment:

Method of Injection: GRAVITY 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:

Lat Long

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Inspector Name: MONTOYA, JOHN

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 _____

Inspector Name: MONTOYA, JOHN

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

S/A/V: _____ Corrective Date: _____

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT