

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:
07/14/2014

Document Number:
668602848

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 206081 | 321115 | QUINT, CRAIG | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|------------------------------|
| OGCC Operator Number: | 61650 |
| Name of Operator: | MURFIN DRILLING COMPANY INC |
| Address: | 250 N WATER ST STE 300 |
| City: | WICHITA State: KS Zip: 67202 |

- 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 |
|-----------------|-------------------|----------------|---------|
| Esquivel, James | 620-272-4913 cell | 280189@pld.com | |

Compliance Summary:

QtrQtr: SWSE Sec: 1 Twp: 35S Range: 46W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/11/2013 | 668601061 | IJ | AC | SATISFACTORY Y | | | No |
| 04/30/2013 | 668600699 | IJ | AC | SATISFACTORY Y | | | No |
| 07/27/2011 | 200316368 | RT | AC | SATISFACTORY Y | | | No |
| 06/22/2010 | 200257301 | RT | AC | SATISFACTORY Y | | | No |
| 08/03/2009 | 200216154 | RT | AC | SATISFACTORY Y | | | No |
| 02/17/2009 | 200207499 | ES | AC | SATISFACTORY Y | | | No |
| 07/16/2008 | 200193295 | MI | AC | SATISFACTORY Y | | | No |
| 05/02/2007 | 200110254 | RT | AC | SATISFACTORY Y | | Pass | No |
| 08/01/2006 | 200094742 | RT | AC | SATISFACTORY Y | | Pass | No |
| 02/10/2005 | 200066930 | RT | AC | SATISFACTORY Y | | Pass | No |
| 08/10/2004 | 200058067 | RT | AC | SATISFACTORY Y | | Pass | No |
| 07/29/2003 | 900970 | MI | AC | SATISFACTORY Y | | Pass | No |
| 08/08/2002 | 200029678 | RT | AC | SATISFACTORY Y | | Pass | No |
| 08/23/2001 | 200019485 | RT | AC | SATISFACTORY Y | | Pass | No |

Inspector Name: QUINT, CRAIG

| | | | | | | | |
|------------|-----------|----|----|------------------|---|------|----|
| 02/23/2001 | 200015406 | RT | AC | SATISFACTOR Y | I | Pass | No |
| 03/03/2000 | 200005083 | RT | AC | SATISFACTOR Y | I | Pass | No |
| 05/04/1999 | 500136475 | RT | AC | SATISFACTOR Y | | Pass | No |
| 05/04/1999 | 500136476 | RT | AC | SATISFACTOR Y | | Pass | No |
| 06/11/1998 | 500136474 | RT | AC | SATISFACTOR Y | | Pass | No |
| 02/13/1997 | 500136473 | RT | AC | SATISFACTOR Y | | Pass | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|-----------------------------|--------|-------------|------------|-----------|---|-------------|-------------------------------------|
| 150420 | UIC ENHANCED RECOVERY | AC | 07/18/1997 | | - | LANSING D SAND UNIT | AC | <input type="checkbox"/> |
| 206081 | WELL | IJ | 05/01/1999 | ERIW | 009-06497 | S E CAMPO UNIT/LANSING D 1202W/302W | AC | <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

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|--------|---------------------------------|--------------------------------|-------------------|------|
| Access | SATISFACTORY | GRAVEL ROAD THROUGH PASTURE | | |

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? | | | | |

| Fencing/: | | | | |
|------------------|------------------------------|------------------------------------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | STEEL PANELS AROUND ALL EQUIPMENT. | | |

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|---------------------|-----------------------|
| | | | CENTRALIZED BATTERY | 37.031760,-102.549700 |

S/A/V: _____ Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

| Yes/No | Comment |
|--------|---------|
| | |

Flaring:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 206081

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: 206081 Type: WELL API Number: 009-06497 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 420 PSIG
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: LSNGD

TC: Pressure or inches of Hg 0 PSIG

Previous Test Pressure _____

Last MIT: 07/11/2013

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTRReq: NO

Comment: **CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ 420 PSIG.**

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? _____ 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | | | |

Inspector Name: QUINT, CRAIG

| | | | | | | |
|------------|------|------------|------|------|------|--|
| Compaction | Pass | Compaction | Pass | MHSP | Pass | |
|------------|------|------------|------|------|------|--|

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT