

**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

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Inspection Date:
08/07/2014Document Number:
673705260

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	237695	317276	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 14855Name of Operator: CENTRAL OPERATING INCAddress: 1600 BROADWAY STE 1050City: DENVER State: CO Zip: 80202

- ☐ 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
Vasina, Heather	(303) 894-9576	centraloperating@aol.com	

Compliance Summary:QtrQtr: SWSE Sec: 24 Twp: 3S Range: 51W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/26/2007	200116014	PR	PR	ACTION REQUIRED		Pass	Yes
02/25/2005	200067404	PR	PR	SATISFACTOR Y		Pass	No
05/06/2004	200054410	PR	WO	ACTION REQUIRED		Fail	Yes
09/05/2002	200030075	ID	TA	SATISFACTOR Y		Fail	Yes
04/19/2002	200026176	ID	TA	ACTION REQUIRED		Fail	Yes
01/25/1995	500159857	MT	SI			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
237695	WELL	PR	08/30/2004	GW	121-10198	RUDNIK 1-A	PR	<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			
TANK LABELS/PLACARDS	ACTION REQUIRED	Tank needs contents and quantity label.	Install sign to comply with rule 210.	09/12/2014

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	ACTION REQUIRED	See attached photo.	Control weeds.	09/05/2014

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		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Vertical Separator	1	SATISFACTORY	Berms 39.77365, - 103.03607, breach in berm and animal holes-see attached photos).		
Gas Meter Run	1	SATISFACTORY			
Plunger Lift	1	SATISFACTORY			

Inspector Name: Sherman, Susan

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	200 BBLS	STEEL AST	39.773740,-103.036120	
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: 237695

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: 237695 Type: WELL API Number: 121-10198 Status: PR Insp. Status: PR

Producing Well

Comment: April 2014 last reported production data.. Well casing bubbling. BH 75/350/1100 psi.

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: Sherman, Susan

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: **CRP**

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? _____

Inspector Name: Sherman, Susan

Comment: _____

Overall Interim Reclamation ☐ In Process ☐

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			
Compaction	Fail	Compaction	Pass			

S/A/V: **ACTION REQUIRED** Corrective Date: **09/12/2014**

Comment: **See attached photo of sediment leaving site at battery.**

CA: **Install stormwater BMPs to prevent site degradation, minimize erosion, and transport of sediment offsite.**

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type: Blowdown Lined: NO Pit ID: _____ Lat: 39.773650 Long: -103.036060

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/A/V): _____ Comment: **Permit required noted on 7/26/2007 inspection. Check, if required.**

Corrective Action: _____ Date: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673705344	CO Rudnik 1A well sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3406272
673705345	CO Rudnik 1A wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3406273
673705346	CO Rudnik 1A well bubbling	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3406274
673705348	CO Rudnik 1A well IR	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3406275
673705349	CO Rudnik 1A Bat berms	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3406276
673705350	CO Rudnik 1A Bat pit	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3406277
673705351	CO Rudnik 1A Bat separator	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3406278
673705352	CO Rudnik 1A Bat stormwater erosion	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3406279
673705353	CO Rudnik 1A Bat treater berm breach	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3406280
673705354	CO Rudnik 1A Bat pit contents	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3406281