

**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:

08/13/2014

Document Number:

665400762

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	241484	311318	PRECUP, JIM	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 46290Name of Operator: K P KAUFFMAN COMPANY INCAddress: 1675 BROADWAY, STE 2800City: 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
HELGELAND, GARY		gary.helgeland@state.co.us	
Lara-Mesa, Susana	303-825-4822	slaramesa@kpk.com	All Inspections
Teter, Roy		rteter@kpk.com	All Inspections
Kuhn, Denny		dkuhn@kpk.com	

Compliance Summary:QtrQtr: NWNW Sec: 23 Twp: 2N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/15/2009	200233589	PR	PR	ACTION REQUIRED			Yes
01/29/1996	500164138	PR	PR			Pass	

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
241484	WELL	PR	10/22/1977	OW	123-09273	GUILDNER 2	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

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	ACTION REQUIRED	sign unreadable	Install sign to comply with rule 210.	09/09/2014

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	bullheads--goatheads--puncture weed on wellsite	control weeds on wellsite	09/09/2014
UNUSED EQUIPMENT	ACTION REQUIRED	unused equipment on wellsite	remove unused equipment from wellsite	09/09/2014

Spills:				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	WELLHEAD	<= 5 bbls	approximately 2 square feet--repair all leaks, remove or remediate stained soil	09/09/2014

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PUMP JACK	ACTION REQUIRED	fencing loose and in disrepair around pumpjack	repair loose fencing around pumpjack	09/09/2014
OTHER	ACTION REQUIRED	fencing ineffective around power transformers for pumpjack	place effective fencing around the power transformers for the pumpjack	09/09/2014

<u>Equipment:</u>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Pump Jack	1	ACTION REQUIRED	see fencing,spills and sign	see fencing,spills,signs	09/09/2014

Venting:				
Yes/No	Comment			
NO				

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

Predrill

Location ID: 241484

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: 241484 Type: WELL API Number: 123-09273 Status: PR Insp. Status: PR

Producing Well

Comment: producing--battery serving the guildner 2 is the battery that serves the guildner 1 (API 123-07916)--see inventory for the guildner 1 for baattery information

Complaint

Comment: complaint on the guildner 1 (API 123-07916), included noise from the guildner 2 (API 123-09273) and fencing that was around the pumpjack and power transformers. see complaint on the guildner 1----pumpjack is driven by an electric motor gearbox makes a shrill squeak and rattles duuring the pumping cycle. Bearings need to be checked and lubricated as necessary.

Environmental**Spills/Releases:**

Inspector Name: PRECUP, JIM

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? <u>Pass</u>	CM _____
	CA _____	CA Date _____
	Waste Material Onsite? <u>Pass</u>	CM _____
	CA _____	CA Date _____
	Unused or unneeded equipment onsite? <u>Pass</u>	CM _____
	CA _____	CA Date _____
	Pit, cellars, rat holes and other bores closed? <u>Pass</u>	CM _____
	CA _____	CA Date _____
	Guy line anchors removed? <u>Pass</u>	CM _____
	CA _____	CA Date _____
	Guy line anchors marked? _____	CM _____
	CA _____	CA Date _____

1003b.	Area no longer in use? <u>Pass</u>	Production areas stabilized ? <u>Pass</u>
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1003c. Compacted areas have been cross ripped? _____

1003d.	Drilling pit closed? <u>Pass</u>	Subsidence over on drill pit? <u>Pass</u>
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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? _____
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RESTORATION AND REVEGETATION

Cropland

Inspector Name: PRECUP, JIM

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 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
Other	Pass					

S/A/V: SATISFACTOR _____

Corrective Date: _____

Y

Comment: area has been contoured--growth surrounding the wellsite provides a BMP to storm water control

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT