

**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:  
09/11/2014Document Number:  
674900126Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 208904      | 322089 | Hughes, Jim     | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 100178Name of Operator: SIMMONS, INC.\* D. J.Address: 1009 RIDGEWAY PL STE 200City: FARMINGTON State: NM Zip: 87401

- ☒ 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                  |
|------------------|-------|-----------------------------|--------------------------|
| Tucker, Laura    |       | ltucker@djsimmons.com       |                          |
| Fischer, Alex    |       | alex.fischer@state.co.us    |                          |
| Lopez, Chris     |       | clopez@djsimmons.com        | Regulatory Specialist    |
| Maclaren, Joe    |       | joe.maclaren@state.co.us    |                          |
| Seale, Rod       |       | rseale@djsimmons.com        | Pet. Eng./Operations Mgr |
| Labowskie, Steve |       | steve.labowskie@state.co.us |                          |

**Compliance Summary:**QtrQtr: SWNW Sec: 30 Twp: 39N Range: 19W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/04/2014 | 674600464 | PR         | PR          | ACTION REQUIRED               | P        | Pass           | No              |
| 08/21/2013 | 663401126 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 04/17/2012 | 664000489 | PR         | WK          | SATISFACTORY                  | P        |                | No              |
| 03/22/2011 | 200305018 | PR         | PR          | ACTION REQUIRED               |          |                | Yes             |
| 10/29/2010 | 200289566 | PR         | PR          | ACTION REQUIRED               |          |                | Yes             |
| 07/09/2010 | 200262432 | PR         | PR          | ACTION REQUIRED               |          |                | Yes             |

**Inspector Comment:**

On September 11, 2014 COGCC SW EPS Jim Hughes conducted a follow up environmental inspection of D.J. Simmons Husky B #1. Please refer to document # 674600464 for the most recent field inspection report for this facility. Corrective actions listed on that inspection report appear to have been addressed.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 208904      | WELL | PR     | 05/01/2013  | OW         | 033-06008 | HUSKEY "B" UNIT 1 | EI          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

Inspector Name: Hughes, Jim

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
|--------|------------------------------|---------|-------------------|------|
| Main   | SATISFACTORY                 |         |                   |      |
| Access | SATISFACTORY                 |         |                   |      |

#### Signs/Marker:

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

☐ Multiple Spills and Releases?

#### Equipment:

| Type                        | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| Pump Jack                   | 1 | SATISFACTORY                 |         |                   |         |
| Deadman # & Marked          | 4 | SATISFACTORY                 |         |                   |         |
| Gas Meter Run               | 1 | SATISFACTORY                 |         |                   |         |
| Bird Protectors             | 1 | SATISFACTORY                 |         |                   |         |
| Horizontal Heated Separator | 1 | SATISFACTORY                 |         |                   |         |

Inspector Name: Hughes, Jim

|                    |              |                                   |                |                       |
|--------------------|--------------|-----------------------------------|----------------|-----------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____ |                       |
| Contents           | #            | Capacity                          | Type           | SE GPS                |
| PRODUCED WATER     | 1            | OTHER                             | STEEL AST      | 37.611950,-108.993670 |
| S/A/V:             | SATISFACTORY |                                   | Comment:       |                       |
| Corrective Action: |              |                                   |                | Corrective Date:      |

Paint

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) 210 bbl. \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

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

|                   |                 |
|-------------------|-----------------|
| Corrective Action | Corrective Date |
|-------------------|-----------------|

|         |
|---------|
| Comment |
|---------|

|                    |                                   |                |
|--------------------|-----------------------------------|----------------|
| <b>Facilities:</b> | <input type="checkbox"/> New Tank | Tank ID: _____ |
|--------------------|-----------------------------------|----------------|

|           |   |          |           |                       |
|-----------|---|----------|-----------|-----------------------|
| Contents  | # | Capacity | Type      | SE GPS                |
| CRUDE OIL | 4 | OTHER    | STEEL AST | 37.612360,-108.993130 |

|        |              |  |          |  |
|--------|--------------|--|----------|--|
| S/A/V: | SATISFACTORY |  | Comment: |  |
|--------|--------------|--|----------|--|

|                    |                  |
|--------------------|------------------|
| Corrective Action: | Corrective Date: |
|--------------------|------------------|

Paint

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) 465 bbl. \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

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

|                   |                 |
|-------------------|-----------------|
| Corrective Action | Corrective Date |
|-------------------|-----------------|

|         |
|---------|
| Comment |
|---------|

|                 |         |  |
|-----------------|---------|--|
| <b>Venting:</b> |         |  |
| Yes/No          | Comment |  |
|                 |         |  |

|                 |                              |         |                   |         |
|-----------------|------------------------------|---------|-------------------|---------|
| <b>Flaring:</b> |                              |         |                   |         |
| Type            | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                 |                              |         |                   |         |

Inspector Name: Hughes, Jim

**Predrill**

Location ID: 208904

**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: 208904 Type: WELL API Number: 033-06008 Status: PR Insp. Status: EI

**Producing Well**

**Comment:** \_\_\_\_\_

**Environmental**

**Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

**Comment:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Inspector Name: Hughes, Jim

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? \_\_\_\_\_

Inspector Name: Hughes, Jim

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                                    |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|--|
| Compaction       | Pass            | Culverts                | Pass                  | MHSP          | Pass                     | Spill prevention at load out valve.        |
|                  |                 |                         |                       | MHSP          |                          | No spill prevention at lube oil container. |

S/A/V: SATISFACTOR  
Y

Corrective Date:

Comment:

CA:

**Pits:** ☒ NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment  | User    | Date       |
|--|---------|------------|
| Corrective actions listed on inspection report #674600464 have been addressed. | hughesj | 09/15/2014 |

**Attached Documents**

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

| Document Num | Description                       | URL   |
|--------------|-----------------------------------|---|
| 674900127    | Separator and produced water tank | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3434644">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3434644</a> |
| 674900128    | Pump jack                         | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3434645">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3434645</a> |