

**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
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Inspection Date:  
09/12/2014

Document Number:  
668302426

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>241578</u>	<u>318553</u>	<u>JOHNSON, RANDELL</u>	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number:	<u>46290</u>
Name of Operator:	<u>K P KAUFFMAN COMPANY INC</u>
Address:	<u>1675 BROADWAY, STE 2800</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- 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
Lara-Mesa, Susana	303-825-4822	slaramesa@kpk.com	All Inspections
Teter, Roy		rteter@kpk.com	All Inspections
Kuhn, Denny		dkuhn@kpk.com	All Inspections

**Compliance Summary:**

QtrQtr: NWNE Sec: 28 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)
03/07/2014	600000891	PR	PR	ACTION REQUIRED	P		No
01/26/2007	200104974	PR	PR	ACTION REQUIRED		Fail	Yes
01/30/1996	500164265	PR	PR			Pass	

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
241578	WELL	PR	03/02/1978	OW	123-09367	JOHN HORST B 1	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**

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: \_\_\_\_\_

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

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

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	Pipe and rod fencing around electrical equipment		
PUMP JACK	SATISFACTORY	Angle-iron and wire mesh fencing		

<b>Equipment:</b>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	2	SATISFACTORY	Electrical transformers		
Prime Mover	1	SATISFACTORY	Electric motor		
Ancillary equipment	1	SATISFACTORY	Electrical breaker panel		
Pump Jack	1	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Electrical meter box		

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	40.111500,-104.891670

S/A/V: SATISFACTORY Comment: **See related inspection document #668302427 for information concerning shared facilities and equipment**

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

**Paint**

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

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
NO	

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

**Predrill**

Location ID: 241578

**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: 241578 Type: WELL API Number: 123-09367 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: Bradenhead plumbed to surface

CA:

CA Date:

**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):  Y  N

Comment:

Pilot:  ON  OFF Wildlife Protection Devices (fired vessels):  YES  NO

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started:  Date Interim Reclamation Completed:

Land Use:

Comment:

1003a. Debris removed?  Pass  Fail CM

CA  CA Date

Waste Material Onsite?  Pass  Fail CM

CA  CA Date

Unused or unneeded equipment onsite?  Pass  Fail CM

CA  CA Date

Pit, cellars, rat holes and other bores closed?  Pass  Fail CM

CA  CA Date

Guy line anchors removed?  Pass  Fail CM

CA  CA Date

Guy line anchors marked?  CM

CA  CA Date

1003b. Area no longer in use?  In  Use  Production areas stabilized ?  Pass  Fail

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? In  
 Production areas have been stabilized? Pass 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 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			
Other	Pass	Other	Pass			Vegetation
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

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

CA: \_\_\_\_\_

Pits:  NO SURFACE INDICATION OF PIT