

**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:
07/14/2014Document Number:
673400781

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	222669	312868	Waldron, Emily	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 18950Name of Operator: COMBINED RESOURCES CORPAddress: P O BOX 6118City: EDMOND State: OK Zip: 73083-

- ☐ 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:**Compliance Summary:**QtrQtr: NENE Sec: 15 Twp: 12N Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/18/2011	200315494	PR	PR	SATISFACTORY			No
05/31/2001	200017130	ES	AO	SATISFACTORY			
03/29/2001	200015709	CO	PR	SATISFACTORY		Pass	No
07/19/1999	500154510	PR	PR			Pass	No
09/24/1996	500154509	PR	PR			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
222669	WELL	PR	01/29/2001		081-06029	BAGGS LAND & CATTLE 1	SI	<input checked="" type="checkbox"/>
260483	PIT	CL	06/21/2001		-	BAGGS LAND & CATTLE 1	CL	<input 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
TANK LABELS/PLACARDS	ACTION REQUIRED	No tank labels.	Install sign to comply with rule 210.Please submit a written plan of compliance for approval to the inspector within 7 business days.	02/13/2015
WELLHEAD	ACTION REQUIRED	No sign at wellhead.	Install sign to comply with rule 210.Please submit a written plan of compliance for approval to the inspector within 7 business days.	02/13/2015
BATTERY	ACTION REQUIRED	No sign at battery.	Install sign to comply with rule 210.Please submit a written plan of compliance for approval to the inspector within 7 business days.	02/13/2015

Emergency Contact Number (S/A/V): ACTION Corrective Date: 02/13/2015

Comment: No operator information anywhere on location. No name, emergency number.

Corrective Action: Install operator contact with emergency contact on location.Please submit a written plan of compliance for approval to the inspector within 7 business days.

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	ACTION REQUIRED	Weeds on location.	Implement a weed control program.Please submit a written plan of compliance for approval to the inspector within 7 business days.	02/13/2015

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
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Deadman # & Marked	4	SATISFACTORY			
Bird Protectors		SATISFACTORY			
Compressor	1	SATISFACTORY			
Horizontal Heated Separator	1	SATISFACTORY	No berm.		
Plunger Lift	1	SATISFACTORY			
Dehydrator	1	SATISFACTORY			

Facilities: ☐ New Tank Tank ID: _____

Inspector Name: Waldron, Emily

Contents	#	Capacity	Type	SE GPS
	2		STEEL AST	
S/A/V:			Comment:	
Corrective Action:				Corrective Date:
Paint				
Condition	Adequate			
Other (Content)				
Other (Capacity)				
Other (Type)				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient		Inadequate
Corrective Action	Remove weeds and maintain berm. Please submit a written plan of compliance for approval to the inspector within 7 business days.			Corrective Date 02/13/2015
Comment	Weeds growing in berm.			
Venting:				
Yes/No	Comment			
Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 222669

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: 222669 Type: WELL API Number: 081-06029 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: _____

Environmental**Spills/Releases:**

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

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Comment: <input style="width:700px" type="text"/>			
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:			
<input style="width:300px" type="text"/>			
Sample Location: <input style="width:400px" type="text"/>			
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: <input style="width:750px" type="text"/>	
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	
<u>Cropland</u>	
Top soil replaced _____	Recontoured _____ Perennial forage re-established _____

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Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

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

S/A/V: **ACTION REQUIRED**

Corrective Date: **02/13/2015**

Comment: **No stormwater BMPs apparent on location. Location is next to Little Snake River. Erosion rills visible on location (see attached photo). Erosion also visible on access road. No stormwater BMPs visible, recent culvert installation left fresh soil disturbance with no stormwater controls.**

CA: **A stormwater plan should be developed, installed and maintained to prevent the migration or erosion of soil on pad, access roads and in interim reclamation area. Please submit a written plan of compliance for approval to the inspector within 7 business days.**

Pits: ☐ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	260483	200017325	

COGCC Comments

Comment	User	Date
Please submit a written plan of compliance for approval to the inspector within 7 business days.	waldrone	01/15/2015

Attached Documents

Inspector Name: Waldron, Emily

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

Document Num	Description	URL
673400792	Erosion towards river	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3528310
673400793	No battery sign, no tank labels	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3528311
673400794	No berm, weeds, no wellhead sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3528312
673400795	Recent culvert installation	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3528313

ACTION REQUIRED

ANY ACTION REQUIRED items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)