

**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:
03/30/2015Document Number:
673710126Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 236016 | 317084 | Sherman, Susan | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 76830Name of Operator: SCHMID PROPERTIES INCAddress: PO BOX 389City: HICO State: TX Zip: 76457

- ☐ 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 |
|---------------|----------------|--------------------------|---------|
| Crumley, Luke | (970) 324-0060 | crumleypumping@gmail.com | |

Compliance Summary:QtrQtr: NWNE Sec: 35 Twp: 3N Range: 52W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/31/2013 | 664001169 | SI | SI | SATISFACTORY | | | No |
| 10/15/2008 | 200197785 | MT | SI | SATISFACTORY | | | No |
| 08/11/2008 | 200195406 | PR | SI | ACTION REQUIRED | | | Yes |
| 12/01/2003 | 200047557 | MT | SI | SATISFACTORY | | Pass | No |
| 09/25/2003 | 200044345 | PR | SI | ACTION REQUIRED | | Fail | Yes |
| 09/25/1995 | 500159206 | PR | SI | | | Fail | Yes |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 119516 | PIT | | 09/23/1999 | | - | CLARK J-35 | <input type="checkbox"/> |
| 236016 | WELL | SI | 05/01/1995 | OW | 121-08506 | CLARK 2-35 | SI <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

Inspector Name: Sherman, Susan

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

| | | | | |
|----------------------|------------------------------|---------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | 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?

| | | |
|-----------------|---------|--|
| Venting: | | |
| Yes/No | Comment | |
| | | |

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

Inspector Name: Sherman, Susan

Predrill

Location ID: 236016

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/A/V: SATISFACTORY **Comment:** No COAs.

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: 236016 Type: WELL API Number: 121-08506 Status: SI Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: Last MIT 7/31/2013.

Environmental

Spills/Releases:

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

Inspector Name: Sherman, Susan

| | | | |
|---|--|------------------------------|-------------|
| Comment: <input style="width: 700px;" type="text"/> | | | |
| Corrective Action: _____ | | Date: _____ | |
| Reportable: _____ | GPS: Lat _____ | Long _____ | |
| Proximity to Surface Water: _____ | | Depth to Ground Water: _____ | |
| <u>Water Well:</u> | | | |
| DWR Receipt Num: _____ | | Owner Name: _____ | GPS : _____ |
| <u>Field Parameters:</u> | | | |
| <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 _____ |

Inspector Name: Sherman, Susan

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

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

| Document Num | Description | URL |
|--------------|-------------------|---|
| 673710178 | Schmid Clark 2-35 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3580755 |