

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:
04/23/2015

Document Number:
668501346

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	<u>208414</u>	<u>321892</u>	<u>Welsh, Brian</u>	2A Doc Num: _____

Operator Information:

OGCC Operator Number: <u>61650</u>
Name of Operator: <u>MURFIN DRILLING COMPANY INC</u>
Address: <u>250 N WATER ST STE 300</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67202</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
Esquivel, James	620-272-4913	280189@pld.com	

Compliance Summary:

QtrQtr: SENE Sec: 35 Twp: 13S Range: 44W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/13/2013	668601216	PR	PR	SATISFACTORY			No
05/06/2013	668600719	PR	PR	ACTION REQUIRED			No
02/24/2012	663900661	PR	PR	ACTION REQUIRED	P		No
05/23/2011	200310799	PR	PR	SATISFACTORY			No
04/11/2008	200130308	PR	PR	SATISFACTORY			No
06/07/1999	836635	PR	PR	SATISFACTORY		Pass	No
11/04/1997	500140477	PR	PR			Pass	No
06/11/1996	500140476	PR	SI			Pass	Yes
06/02/1995	500140475	PR	PR			Pass	Yes
12/10/1993	500140474		PR			Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208414	WELL	PR	01/28/1993	OW	017-07349	UPRC 1-35	PR <input checked="" type="checkbox"/>

Equipment:

Location Inventory

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Inspector Name: Welsh, Brian

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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	PARTIALLY ELEVATED GRAVEL ROAD THROUGH PASTURE AND FARM GROUNDW/CATTLE GUARD		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN MOUNTED ON FENCE AT UNIT		
TANK LABELS/PLACARDS	SATISFACTORY	STICKERS ON TANKS	WRITE NFPA RATINGS ON STICKERS	
BATTERY	SATISFACTORY	LEASE SIGN AT TANK BATTERY		

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
STORAGE OF SUPL	SATISFACTORY	BELT GUARD, WEIGHTS, RAILROAD TIES AND UNUSED DRUMS STORED ON LOCATION	REMOVE OR NEATLY STORE UNUSED EQUIPMENT	

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	HOG PANELS AROUND TANK BATTERY		

PUMP JACK	SATISFACTORY	HOG PANELS AROUND UNIT AND WELLHEAD		
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Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Deadman # & Marked	4	SATISFACTORY			
Ancillary equipment	4	SATISFACTORY	CATHODIC RECTIFIER AND ELECTRIC PANEL AT WELL, WATERPUMP IN WOODBOX, ELEC PANEL AT TANK BATTERY		
Pump Jack	1	SATISFACTORY	CMI UNIT		
Prime Mover	1	SATISFACTORY	ELECTRIC MOTOR		

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	400 BBLs	FIBERGLASS AST	38.879550,-102.300150
S/A/V:	SATISFACTORY		Comment:	GUN BARREL
Corrective Action:				Corrective Date:

Paint

Condition	
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment	SHARED BERMS			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	500 BBLs	FIBERGLASS AST	38.879550,-102.300150
S/A/V:	SATISFACTORY		Comment:	OVERFLOW TANK FOR PRODUCTION WATER
Corrective Action:				Corrective Date:

Paint

Condition	
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action					Corrective Date		
Comment		SHARED BERMS					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS			
PRODUCED WATER	1	200 BBLS	FIBERGLASS AST	38.879550,-102.300150			
S/A/V:	SATISFACTORY		Comment:				
Corrective Action:					Corrective Date:		
<u>Paint</u>							
Condition							
Other (Content) _____							
Other (Capacity) _____							
Other (Type) _____							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Corrective Action					Corrective Date		
Comment		SHARED BERMS					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS			
CRUDE OIL	3	300 BBLS	STEEL AST	38.879550,-102.300150			
S/A/V:	SATISFACTORY		Comment: PRODUCTION TANKS				
Corrective Action:					Corrective Date:		
<u>Paint</u>							
Condition							
Other (Content) _____							
Other (Capacity) _____							
Other (Type) _____							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate			
Corrective Action					Corrective Date		
Comment		BERMS WILL NEED MAINTENANCE SOON					
Venting:							
Yes/No		Comment					
YES		1" CASING VENT					
Flaring:							
Type	Satisfactory/Action Required	Comment		Corrective Action	CA Date		

Predrill

Location ID: 208414

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: SATISFACTORY **Comment:** NO COA'S

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 208414 Type: WELL API Number: 017-07349 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

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): _____

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? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

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

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass 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: Welsh, Brian

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
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT