

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:
05/28/2015

Document Number:
668603503

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>208225</u>	<u>321852</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>72185</u>
Name of Operator:	<u>PRODUCTION MANAGEMENT INC</u>
Address:	<u>5000 BUTTE ST #107</u>
City:	<u>BOULDER</u> State: <u>CO</u> Zip: <u>80301</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
Whiting, Jim	719-688-0064	jimwhiting_99@yahoo.com	
Warren, William	303-449-0557	williamwarren@hotmail.com	

Compliance Summary:

QtrQtr: <u>SWNW</u>		Sec: <u>18</u>		Twp: <u>16S</u>		Range: <u>45W</u>	
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/27/2014	668602697	IJ	SI	SATISFACTORY			No
05/22/2014	668602693	IJ	WK	ACTION REQUIRED			No
04/28/2014	668602564	IJ	AC	ACTION REQUIRED	P		No
06/07/2013	668600895	IJ	AC	SATISFACTORY			No
10/22/2012	663901868	IJ	SI	ALLEGED VIOLATION			Yes
05/06/2011	200310045	RT	AC	SATISFACTORY			No
04/19/2010	200243557	RT	AC	SATISFACTORY			No
05/19/2009	200210937	RT	AC	SATISFACTORY			No
03/27/2008	200129468	MI	AC	SATISFACTORY			No
04/27/2007	200109740	RT	AC	SATISFACTORY		Pass	No
07/20/2006	200094586	RT	AC	SATISFACTORY		Pass	No
04/26/2006	200090214	RT	AC	ACTION REQUIRED		Fail	Yes
07/29/2005	200074937	RT	AC	ACTION REQUIRED		Fail	Yes
06/24/2004	200058254	RT	AC	SATISFACTORY		Pass	No
01/21/2003	200034529	MI	SI	SATISFACTORY		Pass	No
04/01/1999	500140217	SR	PA		P	Pass	No
01/25/1999	500140216	SR	PA		F	Fail	Yes
07/13/1998	500140219	CA	PA		F	Pass	No
06/11/1997	500140215	ID	TA			Pass	No
01/17/1996	500140218	ID	TA			Fail	Yes

10/20/1994	500140214		TA			Yes
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Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159088	UIC DISPOSAL	AC	01/21/2003		-	COE TRUST 12B-18 SWD 2	AC	<input checked="" type="checkbox"/>
208225	WELL	IJ	09/24/2011	DSPW	017-07160	COE TRUST 12B-18 2	AC	<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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	DIRT ROAD THROUGH FARM GROUND		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN BY WELL LAYING ON THE GROUND.	RE-INSTALL SIGN	

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	STEEL PANELS LAYING ON THE GROUND	RE-INSTALL OR REMOVE PANELS	

Venting:

Yes/No	Comment

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

Predrill

Location ID: 208225

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: SATISFACTORY **Comment:** NO ISSUES OBSERVED

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: 159088 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 208225 Type: WELL API Number: 017-07160 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg	-17" HG	Previous Test Pressure	_____	MPP	_____
	(e.g. 30 psig or -30" Hg)				Inj Zone:	STLSP
TC:	Pressure or inches of Hg	0 PSIG	Previous Test Pressure	_____	Last MIT:	05/27/2014
Brhd:	Pressure or inches of Hg	_____	Previous Test Pressure	_____	AnnMTRReq:	NO

Comment: CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ 17" VACUUM

Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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 _____
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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? Pass 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? _____

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
Other	Pass					

Inspector Name: QUINT, CRAIG

Compaction	Pass	Compaction	Pass			
Berms	Pass	Other	Pass			

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

Comment: ACCESS AND LOCATION ARE FARMED OVER

CA: _____

Pits: NO SURFACE INDICATION OF PIT