

**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:

06/19/2015

Document Number:

680000017

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	212648	324794	QUINT, CRAIG	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 16520Name of Operator: CHEMCO INCAddress: 558 CASTLE PINES PKWY UTB4#402City: CASTLE ROCK State: CO Zip: 80104

- ☐ 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
Neher, Gray	303-771-7777	bogray@msn.com	

Compliance Summary:QtrQtr: NESE Sec: 10 Twp: 19S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/30/2014	668602581	IJ	AC	SATISFACTORY	P		No
05/07/2013	668600742	IJ	AC	SATISFACTORY			No
10/06/2011	200326313	RT	AC	ACTION REQUIRED			Yes
06/03/2011	200312250	MI	SI	ACTION REQUIRED			Yes
06/02/2011	200312069	ES	SI	ACTION REQUIRED			Yes
05/09/2011	200310058	MI	AC	ACTION REQUIRED			Yes
05/06/2011	200310053	RT	AC	ACTION REQUIRED			Yes
04/12/2010	200242414	RT	AC	SATISFACTORY			No
06/17/2009	200213261	RT	AC	SATISFACTORY			No
06/16/2008	200191051	RT	AC	SATISFACTORY			No
06/12/2007	200112887	ES	AC	ACTION REQUIRED		Fail	Yes
04/05/2007	200108752	RT	AC	ACTION REQUIRED		Fail	Yes
03/06/2006	200086838	MI	AC	SATISFACTORY		Pass	No
07/26/2005	200074864	RT	AC	SATISFACTORY		Pass	No
07/30/2004	200058096	RT	AC	SATISFACTORY		Pass	No
08/20/2003	200043206	MI	AC	SATISFACTORY		Pass	No
07/25/2002	200029485	RT	AC	SATISFACTORY		Pass	No
08/21/2001	200019518	RT	AC	SATISFACTORY		Pass	No
08/28/2000	200009367	RT	AC	SATISFACTORY	I	Pass	No
04/07/2000	200011616	PR	AC	SATISFACTORY	I	Pass	No
08/13/1998	500144485	PR	AC			Pass	No

Inspector Name: QUINT, CRAIG

03/04/1996	500144484	PR	SI			Fail	No
10/18/1995	500144483	PR	AC			Pass	Yes
11/09/1993	500144482		AC				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150026	UIC DISPOSAL	AC	07/25/1980		-	LINCOLN 2	AC	<input checked="" type="checkbox"/>
212648	WELL	SI	11/07/2014	DSPW	061-06008	LINCOLN 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	2 TRACK THROUGH PASTURE		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN MOUNTED ON FENCE		
BATTERY	SATISFACTORY	LEASE SIGN MOUNTED ON STAIRS		
TANK LABELS/PLACARDS	SATISFACTORY	STICKERS AND STENCILS		

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	WIRE PANELS		

Venting:		
Yes/No	Comment	

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

Predrill

Location ID: 212648

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 ISSUES OBSERVED**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: 150026 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 212648 Type: WELL API Number: 061-06008 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 220 PSIG
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____
Inj Zone: MSSP

TC: Pressure or inches of Hg 0 PSIG

Previous Test Pressure _____ Last MIT: 06/03/2011

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD A STRONG BLOW THAT DIED IMMEDIATELY, TUBING INJECTING WITH 220 PSIG

Method of Injection: PUMP 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 _____

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? _____ 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 REVEGETATIONCropland

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 ☐

Inspector Name: QUINT, CRAIG

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 Corrective Date: _____ Y _____						
Comment: _____						
CA: _____						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						