

**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:

06/18/2015

Document Number:

668501564

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	429988	429989	Welsh, Brian	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10410Name of Operator: KIRKPATRICK OIL COMPANY INCAddress: 1001 W WILSHIRE BLVD #202City: OKLAHOMA CITY State: OK Zip: 73116

- ☐ 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
Blevins, Bob		bblevins@kirkpatrickoil.com	

Compliance Summary:QtrQtr: NENE Sec: 19 Twp: 11S Range: 44W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/20/2014	668603051	WO	TA	ACTION REQUIRED			No
02/25/2014	668602181	WO	TA	SATISFACTORY	I		No
01/14/2014	668601960	WO	TA	ACTION REQUIRED			No
09/03/2013	668601340	DG	PR	SATISFACTORY			No
07/02/2013	668601032	DG	DG	SATISFACTORY			No
04/24/2013	668600676	XX	ND	SATISFACTORY			No

Inspector Comment:INSPECTOR WAS CONTACTED VIA PHONE CALL 48HRS PRIOR TO MIRU**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
429988	WELL	PR	09/04/2013	LO	063-06346	B&B Farms 1-19H	PA	<input checked="" type="checkbox"/>
430515	PIT	AC	10/18/2012		-	B&B Farms 1-19H	AC	<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: <u>1</u>	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>1</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: <u>2</u>	LACT Unit: _____	Pump Jacks: _____
Electric Generators: <u>1</u>	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>4</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location

Inspector Name: Welsh, Brian

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	ACCESS OFF OF COUNTY ROAD D		

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	LEASE SIGN AT LOCATION ENTRANCE		

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Submersible Pump	0	SATISFACTORY	REMOVED FROM LOCATION		
Ancillary equipment	0	SATISFACTORY	REMOVED FROM LOCATION		

Venting:		
Yes/No	Comment	

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

Predrill

Location ID: 429988

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	koepsear	Provide notice to COGCC 48-hours prior to commencement of Hydraulic Fracturing activities via form 42.	08/08/2012
OGLA	koepsear	Provide notice to COGCC 48-hours prior to commencement of construction activities via form 42.	08/08/2012

OGLA	koepsear	Flowback and stimulation fluids must be sent to tanks. The flowback and stimulation fluid tanks must be placed on the well pad in an area with additional down gradient perimeter berming sufficiently impervious to contain any spilled or released material (per Rule 604.a.(4)). Tanks used for flowback must be equipped with emission reducing devices during flowback.	08/08/2012
OGLA	koepsear	<p>•Prior to drilling, operator shall sample two wells, springs, or surface water features within a one (1) mile radius of the proposed oil and gas location. Testing preference shall be given to water wells and springs over surface water. The sample location shall be surveyed in accordance with Rule 215.</p> <p>Initial baseline testing shall include laboratory analysis of pH, total dissolved solids (TDS), specific conductivity (SC), sodium adsorption ratio (SAR) calculation, calcium (Ca), potassium (K), magnesium (Mg), sodium (Na), arsenic (As), boron (B), barium (Ba), cadmium (Cd), chromium (Cr), copper (Cu), iron (Fe), manganese (Mn), lead (Pb), selenium (Se). All metals analyzed for total recoverable; bromide (Br), chloride (Cl), fluoride (F), sulfate (SO₄), alkalinity (total, HCO₃, and CO₃ – all expressed as CaCO₃), benzene, toluene, ethyl benzene, o-xylene, m- + p-xylene (BTEX), dissolved methane, diesel range organics (DRO), gasoline range organics (GRO). Sampling shall be performed by qualified individuals using methods consistent with commonly accepted environmental sampling procedures. Field observations such as pH, temperature, specific conductance, odor, water color, sediment, bubbles, and effervescence shall also be included.</p> <p>Post completion testing shall be performed for the same analytical parameters listed above and repeated one (1), three (3) and six (6) years after completion of the well.</p> <p>If free gas or a dissolved methane concentration level greater than one (1) milligrams per liter (mg/l) is detected in a water well, gas compositional analysis and stable isotope analysis of the methane (carbon and deuterium) shall be performed to determine gas type (biogenic or thermogenic). If the methane concentration increases by more than five (5) mg/l between sampling periods, or increases to more than ten (10) mg/l, the operator shall notify the Director and the owner of the water well immediately. If thermogenic methane concentrations increase between sampling periods, the operator shall submit to the Director an action plan to determine the source of the increase.</p> <p>Copies of all test results described above shall be provided to the Director and the landowner where the water quality testing well is located within three (3) months of collecting the samples used for the test. The analytical data and surveyed sample locations shall also be submitted to the Director in an electronic data deliverable format approved by Director.</p>	08/08/2012

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:**

Inspector Name: Welsh, Brian

Landman Name: _____	Phone Number: _____
Date Onsite Request Received: _____	Date of Rule 306 Consultation: _____
Request LGD Attendance: _____	
<u>LGD Contact Information:</u>	
Name: _____	Phone Number: _____
Agreed to Attend: _____	
<u>Summary of Landowner Issues:</u>	
<u>Summary of Operator Response to Landowner Issues:</u>	
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>	

Facility

Facility ID: 429988 Type: WELL API Number: 063-06346 Status: PR Insp. Status: PA

Cement

Cement Contractor

Contractor Name: CONSOLIDATED

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): 4950/2800/2000/404

Cement Volume (sx): 185

Good Return During Job: _____

Cement Type: CLASS A COMMON

Comment: CONSOLIDATED OIL WELL SERVICES, HALDE WATER, PEAK WIRELINE, WYOMING CASING SERVICE. 6/17/15. MIRU PEAK WIRELINE. RIH W/CIBP AND SET AT 4950' W/5 SX CMT. RIH W/CIBP AND SET AT 2800' W/5 SX. 6/18/15. RIH AND SET FREE POINT AT 2100'. MIRU CODELL WELL SERVICE AND WYOMING CASING. PULLED 1 JOINT OF CASING TO 2000'. MIRU CONSOLIDATED. PUMP 40 SX CMT CSG PLUG. DISP W/72BBL WATER. MIRU CODELL AND WYOMING CASING. WAIT ON RIG AND CASING CREW TO PULL 38 JOINTS OF CASING UP TO 404'. MIRU CONSOLIDATED. BREAK CIRC W/14BBL. PUMPED 100 SX CMT CSG PLUG. DISP W/10BBL WATER. MIRU CODELL AND WYOMING CASING. PULLED REMAINING 12 JOINTS OF CSG FROM WELLBORE. MIRU CODELL. RIH W/SAND LINE AND TAGGED CMT @ 340'. MIRU CONSOLIDATED. PUMPED 45 SX CMT CSG PLUG WITH CMT TO SFC.

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:

Lat _____ Long _____

DWR Receipt Num: _____	Owner Name: _____	GPS : _____
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: IRRIGATED

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 _____

Inspector Name: Welsh, Brian

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: IRRIGATED

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					

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	430515	400310699	

COGCC Comments

Comment	User	Date
INSPECTOR WAS CONTACTED VIA PHONE CALL 48HRS PRIOR TO MIRU	welshb	06/18/2015