

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:
07/16/2015

Document Number:
679900043

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>205894</u>	<u>321051</u>	<u>Welsh, Brian</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>27520</u>
Name of Operator:	<u>ENERGY ALLIANCE COMPANY INC</u>
Address:	<u>1900 N. AMIDON STE 218</u>
City:	<u>WICHITA</u> State: <u>KS</u> Zip: <u>67203</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
Crane, Rocky	719-529-0682	rockycrane@yahoo.com	Pumper (BACA)
Quint, Craig		craig.quint@state.co.us	

Compliance Summary:

QtrQtr: <u>SENE</u> Sec: <u>20</u> Twp: <u>33S</u> Range: <u>43W</u>							
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/22/2014	668602541	IJ	AC	SATISFACTORY	P		No
06/25/2013	668600982	IJ	AC	SATISFACTORY			No
08/08/2012	663901481	IJ	AC	SATISFACTORY	P		No
07/09/2012	663901317	IJ	AC	SATISFACTORY	P		No
07/26/2011	200316356	RT	AC	SATISFACTORY			No
12/13/2010	200288477	RT	AC	SATISFACTORY			No
06/10/2010	200254979	RT	AC	ACTION REQUIRED			Yes
06/02/2009	200211738	RT	AC	SATISFACTORY			No
05/12/2008	200189942	RT	AC	SATISFACTORY			No
09/20/2007	200119168	MI	AC	SATISFACTORY			No
07/10/2007	200114507	MI	AC	ACTION REQUIRED		Fail	Yes
07/31/2006	200094722	RT	AC	SATISFACTORY		Pass	No
08/04/2005	200074947	RT	AC	SATISFACTORY		Pass	No
08/09/2004	200058070	RT	AC	SATISFACTORY		Pass	No
07/30/2003	200042388	RT	AC	SATISFACTORY		Pass	No
08/21/2002	200029702	MI	AC	SATISFACTORY		Pass	No
08/09/2002	200029701	RT	AC	ACTION REQUIRED		Fail	Yes
08/15/2001	200018863	RT	AC	SATISFACTORY	I	Pass	No
01/02/2001	200013072	PR	AC	SATISFACTORY	I	Pass	No
03/06/2000	200005075	RT	AC	SATISFACTORY	I	Pass	No

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02/23/2000	200004154	PR	PR	SATISFACTORY	I	Pass	No
03/29/1999	500136125	PR	AC			Fail	Yes
04/14/1998	500136124	PR	AC			Fail	Yes
05/24/1995	500136123	PR	AC			Fail	Yes

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150135	UIC DISPOSAL	AC	07/14/1982		-	MCKINLEY 1-20	AC
205894	WELL	SI	06/15/2015	DSPW	009-06309	MCKINLEY 1-20-WD	AC

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	GRAVEL ROADTHROUGH PASTURE		

Signs/Marker:

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DEBRIS	SATISFACTORY	MISC DEBRIS LAYING AROUND TANKS INSIDE BERMS	REMOVE DEBRIS	

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
Ancillary equipment	1	SATISFACTORY	ELECTRIC PANEL (PUMP REMOVED)		

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
LUBE OIL	1	<50 BBLs	PBV FIBERGLASS	37.156640,-102.278850
S/A/V:	SATISFACTORY		Comment: 90% BURIED, PLASTIC TANK FOR LUBE OIL RECOVERY	
Corrective Action:				Corrective Date:

Paint

Condition	
Other (Content)	_____
Other (Capacity)	300GAL
Other (Type)	_____

Berms

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

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLs	FIBERGLASS AST	37.156640,-102.278850
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	FIBERGLASS AST	37.156640,-102.278850

Inspector Name: Welsh, Brian

S/A/V:	SATISFACTORY	Comment:			
Corrective Action:				Corrective Date:	
Paint					
Condition					
Other (Content)					
Other (Capacity)	210BBL				
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment	SHARED BERMS				

Venting:		
Yes/No	Comment	
NO		

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

Predrill

Location ID: 205894

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: 205894 Type: WELL API Number: 009-06309 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -24" HG Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WBNS

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 08/08/2012

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: NO

Comment: **CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ -24" 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 _____

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 **MISC DEBRIS NEEDS REMOVED**

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 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
Compaction	Pass	Compaction	Pass			

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT