

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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| DE | ET | OE | ES |
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Inspection Date:
09/04/2015

Document Number:
680300379

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|--------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>219319</u> | <u>312189</u> | <u>SCHURE, KYM</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|--|
| OGCC Operator Number: | <u>46290</u> |
| Name of Operator: | <u>K P KAUFFMAN COMPANY INC</u> |
| Address: | <u>1675 BROADWAY, STE 2800</u> |
| City: | <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</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 |
|-------------------|----------------|-------------------------|---------|
| Lara-Mesa, Susana | (303) 825-4822 | cogcc@kpk.com | |
| Koehler, Bob | | bob.koehler@state.co.us | |

Compliance Summary:

| QtrQtr: <u>L4NW</u> | | Sec: <u>6</u> | | Twp: <u>8N</u> | | Range: <u>52W</u> | |
|---------------------|-----------|---------------|-------------|-------------------------------|----------|-------------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 08/14/2015 | 680300213 | SI | SI | SATISFACTORY | | | No |
| 06/25/2014 | 667200193 | SI | SI | SATISFACTORY | | | No |
| 08/26/2013 | 664001226 | SI | AC | SATISFACTORY | | | No |
| 07/18/2012 | 663400637 | SI | AC | SATISFACTORY | P | | No |
| 03/07/2011 | 200300538 | MI | SI | SATISFACTORY | | | No |
| 07/26/2010 | 200263871 | RT | AC | ACTION REQUIRED | | | No |
| 12/21/2009 | 200225704 | RT | AC | SATISFACTORY | | | No |
| 07/27/2009 | 200215499 | RT | AC | SATISFACTORY | | | No |
| 05/14/2009 | 200212651 | ES | SI | SATISFACTORY | | | No |
| 05/21/2008 | 200191203 | ES | SI | ACTION REQUIRED | | | Yes |
| 05/15/2008 | 200189992 | MI | AO | SATISFACTORY | | | No |
| 05/15/2008 | 200189993 | MI | AC | ACTION REQUIRED | | | Yes |
| 06/20/2007 | 200115807 | RT | AC | SATISFACTORY | | Pass | No |
| 06/13/2006 | 200093870 | RT | AC | SATISFACTORY | | Pass | No |
| 08/15/2005 | 200075978 | RT | AC | SATISFACTORY | | Pass | No |
| 03/30/2004 | 200052293 | RT | AC | SATISFACTORY | | Pass | No |
| 03/11/2004 | 200051426 | RT | AC | SATISFACTORY | | Pass | No |
| 08/22/2003 | 200042882 | MI | SI | SATISFACTORY | | Pass | No |
| 07/24/2003 | 200041830 | MI | AC | ACTION REQUIRED | | Fail | Yes |
| 06/25/2002 | 200032454 | RT | AC | SATISFACTORY | | Pass | No |

Inspector Name: SCHURE, KYM

| | | | | | | |
|------------|-----------|----|----|--------------|------|----|
| 08/24/2001 | 200022815 | RT | AC | SATISFACTORY | Pass | No |
| 08/02/2000 | 200008347 | RT | AC | SATISFACTORY | Pass | No |

Inspector Comment:

UIC/MIT INSPECTION Casing pressure before start = 0. Casing pressure @ start = 750 psi. Casing pressure @ 5 min. = 750 psi. Casing pressure @ 10 min. = 750 psi. Casing pressure @ 15 min. = 750 psi. Loss or Gain = 0. Note to Operator: Please submit COGIS e-form UIC/MIT Inspection Report results to COGCC.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 219319 | WELL | SI | 08/24/2006 | ERIW | 075-06173 | GNUDSEN 4 | SI | <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 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 | Two track through pasture. | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

Multiple Spills and Releases?

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-------|---|------------------------------|------------------------|-------------------|---------|
| Other | 0 | SATISFACTORY | No change in equipment | | |

Venting:

| Yes/No | Comment |
|--------|---------|
| | |

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

Predrill

Location ID: 219319

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

S/A/V: _____ **Comment:** _____

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: 219319 Type: WELL API Number: 075-06173 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: JSND
TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 03/07/2011
Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year _____ Tbg psi: _____ Csg psi: 750 _____ BH psi: _____

Insp. Status: Pass _____

Comment: Casing down to zero at blowdown. Casing pressure before start = 0. Casing pressure @ start = 750 psi. Casing pressure @ 5 min. = 750 psi. Casing pressure @ 10 min. = 750 psi. Casing pressure @ 15 min. = 750 psi. Loss or Gain = 0.

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY _____ CA Date: _____

CA: _____

Comment: UIC/MIT SATISFACTORY

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? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

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

Inspector Name: SCHURE, KYM

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 | Other | Pass | | | |

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

Comment: Utilize BMP's for stormwater erosion control and maintenance.

CA: _____

Pits: NO SURFACE INDICATION OF PIT