

**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:
11/30/2015Document Number:
673712070Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	209676	322200	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10170Name of Operator: CRIMSON EXPLORATION OPERATING INCAddress: 717 TEXAS AVENUE SUITE 2900City: HOUSTON State: TX Zip: 77002

- ☐ 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
Smith, Ken	(361) 798-6202	ksmith@crimsonxp.com	Superintendent
Behrens, Vic	(303) 810-6382	behrens@netecin.net	

Compliance Summary:QtrQtr: SESE Sec: 17 Twp: 6S Range: 64W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/16/2014	673702391	PR	PR	SATISFACTORY			No
08/08/2012	668200088	PR	PR	SATISFACTORY			No
12/29/2010	200290372	ES	AO	SATISFACTORY			No
06/30/2010	200261247	PR	PR	SATISFACTORY			No
02/02/2010	200229496	ES	WO	ACTION REQUIRED			Yes
09/17/2007	200124279	PR	PR	ACTION REQUIRED			Yes
07/04/2002	200028385	CO	PR	SATISFACTORY		Pass	No
05/27/2002	200027069	CO	PR	ACTION REQUIRED		Fail	Yes
05/14/1999	500141626	PR	PR			Fail	Yes

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
209676	WELL	PR	03/13/2007	OW	039-06581	UPRR E MILLER TRUST 44-17	SI	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: Sherman, Susan

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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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	barbed wire		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	4	SATISFACTORY	chemical container @ wellhead, shed @ wellhead, radio telemetry and solar panel on GMR		
Pump Jack	1	SATISFACTORY			
Bird Protectors	1	SATISFACTORY	on VHT		
Prime Mover	1	SATISFACTORY	gas engine, shed		
Vertical Separator	1	SATISFACTORY			
Veritcal Heater Treater	1	SATISFACTORY	shed		
Gas Meter Run	1	SATISFACTORY	shed @ tank battery, digital		

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	FIBERGLASS AST	,

Inspector Name: Sherman, Susan

S/A/V:	SATISFACTORY	Comment:	Maintain mesh cover on edges.			
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition	Adequate					
Other (Content) _____						
Other (Capacity) 140 BBLs						
Other (Type) _____						
<u>Berms</u>						
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		
CRUDE OIL	2	300 BBLs	STEEL AST	,		
S/A/V:	SATISFACTORY	Comment:				
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition	Adequate					
Other (Content) _____						
Other (Capacity) _____						
Other (Type) _____						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Corrective Action					Corrective Date	
Comment						
Venting:						
Yes/No		Comment				
Flaring:						
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date		

Predrill

Location ID: 209676

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 COAs.**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: 209676 Type: WELL API Number: 039-06581 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Apr 2015 last reported to COGCC database. Update Form 7s.

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: Sherman, Susan

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:

Comment: pasture, snow covered

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 _____

Inspector Name: Sherman, Susan

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
Berms	Pass			MHSP	Pass	

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: snow covered, berm around wellhead

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673712081	Crimson UPRR E Miller Trust 44-17	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3731991