

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



Inspection Date:
03/14/2016
Document Number:
673712897

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>236056</u>	<u>311873</u>	<u>Sherman, Susan</u>	<input type="checkbox"/>	

Overall Inspection:
SATISFACTORY w/ CMT or AR

Operator Information:

OGCC Operator Number:	<u>76840</u>
Name of Operator:	<u>SCHNEIDER ENERGY SERVICES INC</u>
Address:	<u>P O BOX 889</u>
City:	<u>FORT MORGAN</u> State: <u>CO</u> Zip: <u>80701</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
Schneider, Jeff	(970) 867-9437	jeff@schneiderenergy.com	
Bothwell, Kevin	(970) 867-9437	kbothwell@schneideroilandgas.com	

Compliance Summary:

QtrQtr: <u>NWSE</u>		Sec: <u>23</u>		Twp: <u>1N</u>		Range: <u>53W</u>	
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/07/2013	667500136			ACTION REQUIRED			No
02/04/2013	664000751	PR	PR	ACTION REQUIRED	F		No
02/01/2013	667500114			ALLEGED VIOLATION			Yes
09/12/2007	200118785	PR	PR	SATISFACTORY			No
08/24/2007	200118185	PR	PR	SATISFACTORY			No
09/17/2004	200059985	PR	PR	SATISFACTORY		Pass	No
04/06/2004	200052883	ES	PR	ACTION REQUIRED		Fail	Yes
06/01/2000	200007216	PR	PR	SATISFACTORY		Fail	Yes
10/10/1995	500159217	PR	PR			Fail	Yes

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
101041	PIT	AC	09/23/1999		-	GABAEUER TANK BATTERY	AC <input type="checkbox"/>
235819	WELL	AL	07/08/1969	LO	121-08309	LOUIS J GEBAUER 7-23	AL <input type="checkbox"/>
236056	WELL	PR	06/17/2005	OW	121-08546	LOUIS J GEBAUER 1A-23	PR <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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access		Ruts on access road to wells (see attached photos).		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY	no labels on propane tanks and quantity worn off crude oil and produced water tank		
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DEBRIS		Plastic and metal debris on road east of treater berms and pit (see attached photos).		

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
TANK BATTERY	SATISFACTORY	barbed wire		
PUMP JACK	SATISFACTORY	steel panels		
WELLHEAD	SATISFACTORY	barbed wire		

Equipment:			
Type: Verical Heater Treater	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	shed, bermed, GPS 40.03143, -103.27029		
Corrective Action		Date:	
Type: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	electric motor		
Corrective Action		Date:	
Type: Pump Jack	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment	electric panel and 2 chemical containers at wellhead, 2 propane tanks at VHT		
Corrective Action		Date:	
Type: Bird Protectors	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	one on VHT and one on smoke stack at crude oil tank		
Corrective Action		Date:	
Type: FWKO	# 1	Satisfactory/Action Required:	
Comment	Stained soil at valve (see attached photo).		
Corrective Action		Date:	

Facilities:				
<input type="checkbox"/> New Tank	Tank ID: _____			
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	500 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	bolted tank
Corrective Action:				Corrective Date:
Paint				
Condition	Adequate			
Other (Content)	_____			
Other (Capacity)	quantity worn off			
Other (Type)	_____			
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment	same berms as crude oil tank			
Facilities:				
<input type="checkbox"/> New Tank	Tank ID: _____			
Contents	#	Capacity	Type	SE GPS

Inspector Name: Sherman, Susan

CRUDE OIL	1	500 BBLs	STEEL AST	40.031140,-103.270050
S/AR	SATISFACTORY	Comment: bolted tank, smoke stack		
Corrective Action:				Corrective Date:
Paint				
Condition	Adequate			
Other (Content)	_____			
Other (Capacity)	quantity worn off			
Other (Type)	_____			
Berms				
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:	_____		Correct Action Date:

Predrill

Location ID: 236056

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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: 236056 Type: WELL API Number: 121-08546 Status: PR Insp. Status: PR

Producing Well

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: pasture, Surveyor Creek runs between wells and tank battery

1003a. Waste and Debris removed? 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 marked? Pass

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
Gravel	Pass					
Compaction				MHSP	Pass	

S/A/V: _____ Corrective Date: _____

Comment: Erosion from NE corner of treater berms going NE around pit and under fence (see attached photo). Contacted Operator on 3/15/2016 and they will work with pumper on all comments.

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Pit Type: Produced Water Lined: NO Pit ID: _____ Lat: 40.031660 Long: -103.269330

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/A/V): _____ Comment: Stained soil on inside banks of pit (see attached photo).

Corrective Action: _____ Date: _____

Inspector Name: Sherman, Susan

Permit:	Facility ID	Permit Num	Expiration Date
	101041	2146405	
	101041	2146405	

Attached Documents

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

Document Num	Description	URL
673712911	Schneider Louis J Gebauer 1A-23	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3809675