

**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:

04/11/2016

Document Number:

685300326

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	215638	325961	St John, William (Cal)	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 26580Name of Operator: BURLINGTON RESOURCES OIL & GAS LPAddress: PO BOX 4289City: FARMINGTON State: NM Zip: 87499

- ☐ 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
Busse, Dollie	505-324-6104	dollie.l.bussie@conocophillips.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Notor, Lori	505-326-9822	Lori.R.Notor@conocophillips.com	SW Inspection Reports
McDaniel, Heather	505-326-5507	heather.d.mcdaniel@conocoPhillips.com	SW Inspection Reports

Compliance Summary:

QtrQtr:	<u>SWNW</u>	Sec:	<u>20</u>	Twp:	<u>32N</u>	Range:	<u>6W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/20/2015	680600263	PR	PR	ACTION REQUIRED	F		No
09/22/2011	200322925	PR	PR	SATISFACTORY			No
11/22/2006	200107591	PR	PR	SATISFACTORY		Pass	No
10/04/2005	200080334	PR	PR	SATISFACTORY		Pass	No
11/14/2003	200049331	PR	PR	SATISFACTORY		Pass	No
10/09/2002	200032238	PR	PR	SATISFACTORY		Pass	No
08/07/2000	200010285	ID	SI	SATISFACTORY		Pass	No
12/03/1999	200003215	ID	SI	SATISFACTORY		Pass	No
09/17/1998	500149348	ID	SI			Pass	No
01/29/1997	500149347	PR	PR			Pass	No
07/12/1995	500149346	PR	PR				No

Inspector Comment:

P&A procedure was completed as written with one change made to procedure. After logging well it was determined to perforate well casing at 90' this was approved by COGCC SW Region Engineer Mark Weems. P&A was completed 04/12/16 with P&A marker installed. All debris, abandoned gathering line risers and flowline risers, and surface equipment shall be removed within (3) months of plugging a well. See link at end of report for path to downloadable pictures.

Related Facilities:

Inspector Name: St John, William (Cal)

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
215638	WELL	PR	02/11/1997	GW	067-07243	ALLISON UNIT 116	PA	<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 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			

Signs/Marker:

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

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

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	Post and Hog Wire.		
LOCATION	SATISFACTORY	Post and Wire.		

Equipment:

Type: Bird Protectors	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Wellhead - P&A		

Inspector Name: St John, William (Cal)

Corrective Action		Date:
Type: Vertical Heated Separator	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Deadman # & Marked	# 4	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Flow Line	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Other	# 1	Satisfactory/Action Required: SATISFACTORY
Comment Riser		
Corrective Action		Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2		HEATED STEEL AST	,

S/AR	SATISFACTORY	Comment:
Corrective Action:		Corrective Date:

Paint

Condition	Adequate
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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		

Venting:

Yes/No	NO
Comment	

Flaring:

Type		Satisfactory/Action Required
Comment:		
Corrective Action:		Correct Action Date:

Predrill

Location ID: 215638

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: 215638 Type: WELL API Number: 067-07243 Status: PR Insp. Status: PA

Cement**Cement Contractor**

Contractor Name: A Plus

Contractor Phone: 505-320-9293

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): See Comment

Cement Volume (sx): 156

Good Return During Job: YES

Cement Type: ASTM Class B 15.6 ppg

Comment:

Casing plug set, 29 sks cement from 2598' to 2698'. Casing plug set, 34 sks cement from 2045' to 2170'. Casing plug set, 29 sks cement from 495' to 595'. Casing plug set, 64 sks cement from 0 to 280'. Corrosion inhibitor pumped down hole in between plugs. P&A was completed 04/12/16 with P&A marker installed. All debris, abandoned gathering line risers and flowline risers, and surface equipment shall be removed within (3) months of plugging a well.

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. 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? PassProduction areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? PassProduction areas have been stabilized? PassSegregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-CroplandTop soil replaced PassRecontoured Pass80% Revegetation Pass1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation Pass**Final Reclamation/ Abandoned Location:**Date Final Reclamation Started: 04/13/2016

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 ☐

Inspector Name: St John, William (Cal)

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Gravel	Pass			
Berms	Pass	Compaction	Pass	MHSP	Pass	
Gravel	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

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
685300339	P&A Marker	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3832105