

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:
04/15/2016
Document Number:
680300645
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>227010</u>	<u>313900</u>	<u>SCHURE, KYM</u>	<input type="checkbox"/>	

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/ (214) 244-3819	jeff@schneiderenergy.com	

Compliance Summary:

QtrQtr: SWSW Sec: 7 Twp: 6N Range: 60W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/20/2012	663400112	PR	SI	ACTION REQUIRED			No
07/09/2004	200057327	PR	PR	ACTION REQUIRED		Fail	Yes
07/23/2003	200042244	PR	PR	SATISFACTORY		Pass	No
04/04/2000	200005737	PR	SI			Fail	Yes
09/15/1999	873100	ID	SI	SATISFACTORY		Fail	Yes
06/22/1995	500155834	PR	PR			Fail	Yes
02/17/1994	500155833		PR				Yes

Inspector Comment:

P&A Inspection - SATISFACTORY - Excavate well casing, cut off 4' below surface-weld cap w/logistics and bury. Proceed with reclamation process, notify COGCC Reclamation Group when surface vegetation reaches 80% coverage for Final Reclamation approval.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
110682	PIT		09/23/1999		-	KNAPPE 1	<input type="checkbox"/>
227010	WELL	PR	07/30/2010	OW	087-07751	KNAPPE 3	PA <input checked="" type="checkbox"/>

Equipment:

Location Inventory

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Predrill

Location ID: 227010

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: 227010 Type: WELL API Number: 087-07751 Status: PR Insp. Status: PA

Cement

Cement Contractor

Contractor Name: Cementers Inc.

Contractor Phone: _____

Surface Casing

Cement Volume (sx): 20+62+24

Circulate to Surface: YES

Cement Fall Back: NO

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): 2+20

Good Return During Job: YES

Plugging Operations

Depth Plugs(feet range): 6639'5930'1520'452'

Cement Volume (sx): 2+40+20+62+24

Good Return During Job: YES

Cement Type: G - 18.5#

Comment: 5930' pump (40)sk's plug, 1520' pump (20)sk's plug class G neat 18.5# cement, 452' pump (20) sk's plug class G neat 18.5# cement, pump (62)sk's class G 18.5# cement to surface, pump (24) sk's class G neat 18.5# cement to surface through bradenhead. P&A 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. Waste and Debris removed? _____

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 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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT