

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:
04/22/2016
Document Number:
673713112
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>265922</u>	<u>317363</u>	<u>Sherman, Susan</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10592</u>
Name of Operator:	<u>EXCELL OPERATING LLC</u>
Address:	<u>36629 US HIGHWAY 385</u>
City:	<u>WRAY</u> State: <u>CO</u> Zip: <u>80758</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
Weaver, Andy	(970) 630-3930	aweaver@excell-llc.com	
Baucke, Andy	(970) 630-5227	abaucke@excell-llc.com	

Compliance Summary:

QtrQtr: SWNW Sec: 12 Twp: 3S Range: 50W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/28/2015	673710498	IJ	AC	SATISFACTORY			No
04/21/2014	673702500	IJ	IJ	SATISFACTORY			No
08/13/2013	664001209	IJ	AC	SATISFACTORY			No
07/13/2012	663400603	IJ	IJ	ACTION REQUIRED	P		No
04/28/2011	200308995	RT	AC	SATISFACTORY			No
06/28/2010	200258587	RT	AC	SATISFACTORY			No
07/17/2008	200193327	MI	AC	SATISFACTORY			No
12/13/2007	200123469	RT	AC	SATISFACTORY			No
03/14/2007	200107672	RT	AC	SATISFACTORY		Pass	No
04/04/2006	200088810	RT	AC	SATISFACTORY		Pass	No
04/06/2005	200069367	RT	AC	SATISFACTORY		Pass	No
05/07/2004	200054413	RT	AC	SATISFACTORY		Pass	Yes
11/17/2003	200047656	MI	SI	SATISFACTORY		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159098	UIC DISPOSAL	AC	12/05/2003		-	CHRISTIANSON SWD 12-12	AC <input type="checkbox"/>
265922	WELL	IJ	08/03/2015	DSPW	121-10690	CHRISTIANSON-SWD 12-12	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 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

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	hog wire panels		

Equipment:	
Type: _____	# _____ Satisfactory/Action Required: _____
Comment: _____	
Corrective Action: _____	Date: _____

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
			CENTRALIZED BATTERY
SE GPS			
S/AR	Comment: _____		
Corrective Action: _____			Corrective Date: _____

Paint	
Condition	_____

Inspector Name: Sherman, Susan

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Venting:

Yes/No	
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Comment	
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Flaring:

Type		Satisfactory/Action Required	
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Comment: _____

Corrective Action:		Correct Action Date:	
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Predrill

Location ID: 265922

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: SATISFACTORY **Comment:** No COAs.

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: 265922 Type: WELL API Number: 121-10690 Status: IJ 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: 08/13/2013

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: Initial tubing pressure ~25" Hg, Final tubing pressure ~25" Hg
 Initial casing pressure 0 psi
 Test start pressure 380 psi
 Test 5 minute pressure 380 psi
 Test 10 minute pressure 380 psi
 Test 15 minute pressure 380 psi
 Final casing pressure 0 psi
 UIC MIT PASSED.

 Form 42 #401035093

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:

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: center pivot crop field, fallow, sandy soils

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? _____

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 <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>
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Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			

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

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
UIC MIT PASSED.	ShermaSe	04/26/2016

Attached Documents

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

Document Num	Description	URL
673713119	Excell Christianson-SWD 12-12 UIC MIT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3841860