

**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:

04/26/2016

Document Number:

675102414

Overall Inspection:

**ACTION REQUIRED**

**FIELD INSPECTION FORM**

|                     |               |               |                       |                          |             |
|---------------------|---------------|---------------|-----------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:       | On-Site Inspection       | 2A Doc Num: |
|                     | <u>231250</u> | <u>315653</u> | <u>GRANAHAN, KYLE</u> | <input type="checkbox"/> |             |

**Operator Information:**

|                       |   |
|-----------------------|---|
| OGCC Operator Number: | <u>64310</u>                                      |
| Name of Operator:     | <u>NORTHSTAR GAS COMPANY INC</u>                  |
| Address:              | <u>PO BOX 440789</u>                              |
| City:                 | <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77244</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     |
|----------------|----------------|------------------------|-------------|
| McKenny, Ken   | (832) 421-4775 | kkmacgas@conertric.net | President   |
| Zachary, Casey |                | ccaseyzachary@aol.com  | Ops Manager |

**Compliance Summary:**

| QtrQtr:    | <u>NESW</u> | Sec:       | <u>22</u>   | Twp:                          | <u>1N</u> | Range:         | <u>103W</u>     |
|------------|-------------|------------|-------------|-------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num     | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I  | Pas/Fail (P/F) | Violation (Y/N) |
| 08/27/2015 | 675101770   | SI         | SI          | <b>ACTION REQUIRED</b>        | I         |                | No              |

**Inspector Comment:**

**Follow up inspection in regrads to inspection doc # 675101770 - SOME corrective actions have been implemented**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 100918      | PIT  |        | 09/23/1999  |            | -         | ALTA CDM 1    | <input type="checkbox"/>               |
| 231250      | WELL | SI     | 12/07/2015  | OW         | 103-08920 | FEDERAL 6-22  | 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**

| <b>Lease Road:</b> |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
|                    |                              |         |                   |      |

| <b>Signs/Marker:</b> |                              |                               |                                       |                   |
|----------------------|------------------------------|-------------------------------|---------------------------------------|-------------------|
| Type                 | Satisfactory/Action Required | Comment                       | Corrective Action                     | CA Date           |
| BATTERY              | SATISFACTORY                 |                               |                                       |                   |
| TANK LABELS/PLACARDS | <b>ACTION REQUIRED</b>       | Tanks missing required labels | Install sign to comply with rule 210. | <b>09/26/2015</b> |
| WELLHEAD             | <b>ACTION REQUIRED</b>       | No sign at well head          | Install sign to comply with rule 210. | <b>09/26/2015</b> |

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

Comment: **970-245-5902**

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

| <b>Spills:</b>   |      |        |                   |         |
|--|------|--------|-------------------|---------|
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                  |                              |         |                   |         |

| <b>Equipment:</b>                 |     |                               |              |       |  |
|-----------------------------------|-----|-------------------------------|--------------|-------|--|
| Type: Gas Meter Run               | # 1 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |     |                               |              |       |  |
| Corrective Action                 |     |                               |              | Date: |  |
| Type: Horizontal Heated Separator | # 1 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |     |                               |              |       |  |
| Corrective Action                 |     |                               |              | Date: |  |
| Type: Bird Protectors             | # 1 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |     |                               |              |       |  |
| Corrective Action                 |     |                               |              | Date: |  |
| Type: Deadman # & Marked          | # 4 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |     |                               |              |       |  |
| Corrective Action                 |     |                               |              | Date: |  |

| <b>Facilities:</b>                |              |                |  |                  |  |
|-----------------------------------|--------------|----------------|--|------------------|--|
| <input type="checkbox"/> New Tank |              | Tank ID: _____ |  |                  |  |
| Contents                          | #            | Capacity       | Type   | SE GPS           |  |
| CONDENSATE                        | 2            |                | STEEL AST  |                  |  |
| S/AR                              | SATISFACTORY | Comment:       | <b>Tanks missing required labels - Name of operator , emergency Number, capacity, NFPA label. Their hatch open</b> |                  |  |
| Corrective Action:                |              |                |  | Corrective Date: |  |
| <u>Paint</u>                      |              |                |  |                  |  |

Inspector Name: GRANAHAN, KYLE

|                   |          |                     |                     |                 |  |
|-------------------|----------|---------------------|---------------------|-----------------|--|
| Condition         |          |                     |                     |                 |  |
| Other (Content)   | _____    |                     |                     |                 |  |
| Other (Capacity)  | _____    |                     |                     |                 |  |
| Other (Type)      | _____    |                     |                     |                 |  |
| <b>Berms</b>      |          |                     |                     |                 |  |
| 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: 231250

**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: 231250 Type: WELL API Number: 103-08920 Status: SI Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: EQUIPMENT ONSITE

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: Well SI - production records indicate well last produced in May '15

**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: \_\_\_\_\_

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

S/A/V: SATISFACTOR \_\_\_\_\_ Corrective Date: \_\_\_\_\_  
 Y \_\_\_\_\_  
 Comment: No sediment flow evident - no obvious BMP's present  
 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   |
|--------------|-------------------|---|
| 675102415    | Theif hatch open  | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3842313">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3842313</a> |
| 675102416    | Tank labels       | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3842314">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3842314</a> |
| 675102417    | No well head sign | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3842315">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3842315</a> |