

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:
680000499
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	<u>207322</u>	<u>321570</u>	<u>QUINT, CRAIG</u>	2A Doc Num: _____

Operator Information:

OGCC Operator Number: <u>61250</u>
Name of Operator: <u>MULL DRILLING COMPANY INC</u>
Address: <u>1700 N WATERFRONT PKWY B#1200</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-</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
Smalley, Carl	719-767-8805 off	csmalley@mulldrilling.com	719-342-1812 cell

Compliance Summary:

QtrQtr: SENW Sec: 4 Twp: 14S Range: 49W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/08/2014	668601939	PR	PR	SATISFACTORY	P		No
07/16/2012	663901346	PR	PR	SATISFACTORY			No
12/19/2011	663900244	PR	PR	SATISFACTORY	P		No
04/06/2010	200241600	PR	PR	SATISFACTORY			No
12/18/2006	200101184	PR	PR	SATISFACTORY		Pass	No
06/24/2005	200078288	PR	PR	SATISFACTORY		Pass	No
12/13/1999	500138394	PR	PR			Pass	No
12/09/1997	500138393	PR	PR			Pass	No
04/19/1996	500138392	PR	PR			Pass	No
11/18/1994	500138391		PR				

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207322	WELL	PR	06/03/2002	OW	017-06257	MULL UNIT 11	PR <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	Gravel road through pasture		

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Lease sign by unit		
TANK LABELS/PLACARDS	SATISFACTORY	Metal sign's by tanks and treaters		
BATTERY	SATISFACTORY	MUSF #2 battery sign by tanks		

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
TANK BATTERY	SATISFACTORY	Battery equipment is 3/4 fenced with wire		
WELLHEAD	SATISFACTORY	Steel panels around all wellhead equipment		

Equipment:				
Type: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Elec motor			
Corrective Action				Date:
Type: Veritcal Heater Treater	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment	With metal sheds			

Corrective Action		Date:
Type: Flare	# 1	Satisfactory/Action Required: SATISFACTORY
Comment	On a cement pad	
Corrective Action		Date:
Type: Pump Jack	# 1	Satisfactory/Action Required: SATISFACTORY
Comment	456 Lufkin	
Corrective Action		Date:
Type: Vertical Separator	# 2	Satisfactory/Action Required: SATISFACTORY
Comment	2-VGS in manifold shed	
Corrective Action		Date:
Type: Compressor	# 1	Satisfactory/Action Required: SATISFACTORY
Comment	Skid mounted in a metal shed by well	
Corrective Action		Date:
Type: LACT	# 1	Satisfactory/Action Required: SATISFACTORY
Comment	Oil sales pump, elec panels, telemetry equipment, chemical tank w/containment is operated by Plains	
Corrective Action		Date:
Type: Ancillary equipment	# 6	Satisfactory/Action Required: SATISFACTORY
Comment	Elec panels, cathodic rectifier, Blow down tank w/containment at well. Blow down tank, gas vent recovery compressor, master control shed at battery.	
Corrective Action		Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	FIBERGLASS AST	38.861020,-102.903410
S/AR	SATISFACTORY		Comment: Shared berm	
Corrective Action:		Corrective Date:		

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action		Corrective Date		
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	FIBERGLASS AST	38.861020,-102.903410
S/AR	SATISFACTORY		Comment: 175 bbl Fiberglass water tank, Shared berm	
Corrective Action:		Corrective Date:		

Paint

Condition	
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	200 BBLS	STEEL AST	38.861020,-102.903210

S/AR	SATISFACTORY	Comment:	250 bbl Vent tank, shared berm
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Corrective Action:		Corrective Date:	
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Paint

Condition	
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4	400 BBLS	STEEL AST	38.860660,-102.903400

S/AR	SATISFACTORY	Comment:	MUSF #2 Central Battery f/(Mull Unit 8, 9, 10, 11, 12, 13, 22)
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Corrective Action:		Corrective Date:	
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Paint

Condition	
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	NO
Comment	

Flaring:			
Type	Field Flare	Satisfactory/Action Required	SATISFACTORY
Comment:		Not flaring	
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 207322

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: SATISFACTORY **Comment:** No issues observed

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: 207322 Type: WELL API Number: 017-06257 Status: PR Insp. Status: PR

Producing Well

Comment: Producing, MUSF #2 Central Battery f/(Mull Unit 8, 9, 10, 11, 12, 13, 22)

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? _____
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
Compaction	Pass	Compaction	Pass	MHSP	Pass	
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT