

**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:

04/28/2016

Document Number:

678800046

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	203037	320206	LEONARD, MIKE	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 87195

Name of Operator: TEXAS TEA OF COLORADO LLC DBA TEXAS TEA LLC

Address: 14405 W. COLFAX #298

City: LAKEWOOD State: CO Zip: 80401

- ☐ 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
Parker, Bob	720-775-7209	rpmindy@msn.com	owner
Beckstrom, David		david.beckstrom@state.co.us	

Compliance Summary:

QtrQtr:	SENV	Sec:	14	Twp:	1S	Range:	67W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/07/2015	668703124	SI	SI	ACTION REQUIRED	F		No
01/22/2009	200202695	ES	SI	ACTION REQUIRED			Yes
12/08/2008	200199700	ES	SI	ACTION REQUIRED			Yes
08/05/2004	200057737	PR	PR	SATISFACTORY		Pass	No
06/23/2004	200056645	CO	PR	ACTION REQUIRED		Fail	Yes
06/22/2004	200056067	ES		ACTION REQUIRED		Fail	Yes
07/24/1997	500132935	PR	PR			Fail	Yes
05/01/1997	500132932						
03/31/1997	500132931	ES	PR			Fail	Yes
03/30/1997	500132930						
03/23/1995	500132929	ID	TA			Fail	Yes

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
203037	WELL	SI	06/04/2012	OW	001-08443	R C NAUMAN 4	TA	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: LEONARD, MIKE

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
Main	ACTION REQUIRED	Erosion beginning on west end of road	Rerpair road	06/30/2016

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	ACTION REQUIRED	Sign on ground in grass See attached photo	Install sign to comply with rule 210.	05/07/2016

Emergency Contact Number (S/AR): _____ Corrective Date: 05/07/2016

Comment: _____

Corrective Action: Post Emergency contact #

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TRASH	ACTION REQUIRED	Small amount of trash and debris scattered on location	Comply with Rule 603.f using the Rule 603.f guidance document for further details.	05/12/2016
WEEDS		Noxious weeds observed on location see attached photos	Comply with Rule 603.f using the Rule 603.f guidance document for further details.	05/12/2016

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

Equipment:				
Type: Pump Jack	# 0	Satisfactory/Action Required:		
Comment	Rods in well no pumping unit.			
Corrective Action				Date:
Type: Ancillary equipment	# 3	Satisfactory/Action Required:		
Comment	Electrical supply equipment on location.			
Corrective Action				Date:

Inspector Name: LEONARD, MIKE

Type: Deadman # & Marked	# 2	Satisfactory/Action Required:	ACTION REQUIRED
Comment	Two Anchors found SW anchor not adequately marked		
Corrective Action	mark guy line anchors per Rule 604.c.(2)Q."		Date: 5/18/2016
Type: Horizontal Heated Separator	# 0	Satisfactory/Action Required:	
Comment	Separation equipment appears to have been removed see attached photos		
Corrective Action			Date:

Venting:

Yes/No	
Comment	

Flaring:

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

Predrill

Location ID: 203037

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: 203037 Type: WELL API Number: 001-08443 Status: SI Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/A/V: _____

CA Date: 05/12/2016

CA: Contact COGCC Area Engineer.

Comment: All production equipment has been removed. Well is incapable of production in current state. Well shut in since December 2011, no record of MIT on file

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: LEONARD, MIKE

Comment: <input style="width: 700px;" type="text"/>			
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:			
<input style="width: 300px;" type="text"/>			
Sample Location: <input style="width: 400px;" type="text"/>			
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: <input style="width: 750px;" type="text"/>	
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	
<u>Cropland</u>	
Top soil replaced _____	Recontoured _____ Perennial forage re-established _____

Inspector Name: LEONARD, MIKE

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ F _____

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

Attached Documents

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

Document Num	Description	URL
678800049	Inspection Photos 4_28_2016	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3845092