

**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:

05/06/2016

Document Number:

679901500

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>212728</u>	<u>324802</u>	<u>Welsh, Brian</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>16520</u>
Name of Operator:	<u>CHEMCO INC</u>
Address:	<u>558 CASTLE PINES PKWY UTB4#402</u>
City:	<u>CASTLE ROCK</u> State: <u>CO</u> Zip: <u>80104</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
Quint, Craig		craig.quint@state.co.us	
Neher, Gray	303-771-7777	bogray@msn.com	

Compliance Summary:

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/19/2015	680000015	SI	AC	SATISFACTORY			No
04/30/2014	668602579	IJ	AC	SATISFACTORY	P		No
04/01/2013	668600586	IJ	AC	SATISFACTORY			No
05/18/2011	200310575	MI	AC	SATISFACTORY			No
05/09/2011	200310057	MI	AC	ACTION REQUIRED			Yes
05/06/2011	200310046	RT	AC	ACTION REQUIRED			Yes
04/12/2010	200242410	RT	AC	SATISFACTORY			No
06/17/2009	200213265	RT	AC	SATISFACTORY			No
04/22/2008	200130682	RT	AC	SATISFACTORY			No
03/06/2006	200086840	MI	SI	SATISFACTORY		Pass	No
11/14/2005	200080664	MI	AC	ACTION REQUIRED		Fail	Yes
07/26/2005	200074869	RT	AC	SATISFACTORY		Pass	No
07/30/2004	200058097	RT	AC	ACTION REQUIRED		Fail	Yes
08/27/2003	200043326	RT	AC	SATISFACTORY		Pass	No
07/25/2002	200029488	RT	AC	SATISFACTORY		Pass	No
08/21/2001	200019515	RT	AC	SATISFACTORY		Pass	No
08/28/2000	200009371	MI	AC	SATISFACTORY	I	Pass	No
04/07/2000	200010829	PR	AC	ACTION REQUIRED	I	Fail	Yes
11/27/1998	500144621	PR	AC			Pass	No
10/31/1995	500144620	PR	SI			Pass	Yes

Inspector Name: Welsh, Brian

11/08/1994	500144619		SI			Yes
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Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
100851	PIT		09/23/1999		-	WEAR 3-1	
115322	PIT		09/23/1999		-	WEAR 1	
150396	UIC DISPOSAL	AC	01/05/1996		-	WEAR*H C 3-1	AC
212728	WELL	IJ	11/07/2014	DSPW	061-06088	H.C. WEAR #3 1	AC

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	Dirt road through farm ground		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	Lease sign at tank battery		
WELLHEAD	SATISFACTORY	Lease sign by wellhead		
TANK LABELS/PLACARDS	SATISFACTORY	Stickers and stencils on 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

Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:				
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment	Electric panel and pump in metal shed			
Corrective Action				Date:
Type: Vertical Heater Treater	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Treater on south side of location. (Not in use)			
Corrective Action				Date:

Facilities:				
<input type="checkbox"/> New Tank	Tank ID: _____			
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	1000 BBLS	STEEL AST	38.455040,-102.428320
S/AR	SATISFACTORY		Comment:	
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	Shared berms			

Facilities:				
<input type="checkbox"/> New Tank	Tank ID: _____			
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	38.455040,-102.428320
S/AR	SATISFACTORY		Comment:	Manway cover removed. (Not in use)
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	
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Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	38.455040,-102.428320

S/AR SATISFACTORY Comment: 2-300bbl tanks

Corrective Action: _____ Corrective Date: _____

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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: 212728

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: 212728

Type: WELL

API Number: 061-06088

Status: IJ

Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>MSSP</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/18/2011</u>
			AnnMTReq: <u>NO</u>

Comment: _____

Method of Injection: GRAVITY FEED

Test Type: 5 Year Tbg psi: -24" HG Csg psi: 0 PSIG BH psi: _____

Insp. Status: Pass

Comment: **INITIAL CSG HAD LIGHT BLOW, DIED IMMEDIATELY. MIRU EXTREME HEAT. LOADED W/1BBL. PRESSURED CSG TO 315 PSIG. 5 MIN 310#. 10 MIN 305#. 15 MIN 305#. -10 PSI LOSS**

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? 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			

Inspector Name: Welsh, Brian

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: Location is farmed over

CA: _____

Pits: NO SURFACE INDICATION OF PIT