

**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:

05/09/2016

Document Number:

679901506

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 205894      | 321051 | Welsh, Brian    | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 27520Name of Operator: ENERGY ALLIANCE COMPANY INCAddress: 1900 N. AMIDON STE 218City: WICHITA State: KS Zip: 67203

- ☐ 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       |
|--------------|--------------|-------------------------|---------------|
| Crane, Rocky | 719-529-0682 | rockycrane@yahoo.com    | Pumper (BACA) |
| Quint, Craig |              | craig.quint@state.co.us |               |

**Compliance Summary:**QtrQtr: SENE Sec: 20 Twp: 33S Range: 43W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/16/2015 | 679900043 | SI         | AC          | SATISFACTORY                  |          |                | No              |
| 04/22/2014 | 668602541 | IJ         | AC          | SATISFACTORY                  | P        |                | No              |
| 06/25/2013 | 668600982 | IJ         | AC          | SATISFACTORY                  |          |                | No              |
| 08/08/2012 | 663901481 | IJ         | AC          | SATISFACTORY                  | P        |                | No              |
| 07/09/2012 | 663901317 | IJ         | AC          | SATISFACTORY                  | P        |                | No              |
| 07/26/2011 | 200316356 | RT         | AC          | SATISFACTORY                  |          |                | No              |
| 12/13/2010 | 200288477 | RT         | AC          | SATISFACTORY                  |          |                | No              |
| 06/10/2010 | 200254979 | RT         | AC          | ACTION REQUIRED               |          |                | Yes             |
| 06/02/2009 | 200211738 | RT         | AC          | SATISFACTORY                  |          |                | No              |
| 05/12/2008 | 200189942 | RT         | AC          | SATISFACTORY                  |          |                | No              |
| 09/20/2007 | 200119168 | MI         | AC          | SATISFACTORY                  |          |                | No              |
| 07/10/2007 | 200114507 | MI         | AC          | ACTION REQUIRED               |          | Fail           | Yes             |
| 07/31/2006 | 200094722 | RT         | AC          | SATISFACTORY                  |          | Pass           | No              |
| 08/04/2005 | 200074947 | RT         | AC          | SATISFACTORY                  |          | Pass           | No              |
| 08/09/2004 | 200058070 | RT         | AC          | SATISFACTORY                  |          | Pass           | No              |
| 07/30/2003 | 200042388 | RT         | AC          | SATISFACTORY                  |          | Pass           | No              |
| 08/21/2002 | 200029702 | MI         | AC          | SATISFACTORY                  |          | Pass           | No              |
| 08/09/2002 | 200029701 | RT         | AC          | ACTION REQUIRED               |          | Fail           | Yes             |
| 08/15/2001 | 200018863 | RT         | AC          | SATISFACTORY                  | I        | Pass           | No              |
| 01/02/2001 | 200013072 | PR         | AC          | SATISFACTORY                  | I        | Pass           | No              |

Inspector Name: Welsh, Brian

|            |           |    |    |              |   |      |     |
|------------|-----------|----|----|--------------|---|------|-----|
| 03/06/2000 | 200005075 | RT | AC | SATISFACTORY | I | Pass | No  |
| 02/23/2000 | 200004154 | PR | PR | SATISFACTORY | I | Pass | No  |
| 03/29/1999 | 500136125 | PR | AC |              |   | Fail | Yes |
| 04/14/1998 | 500136124 | PR | AC |              |   | Fail | Yes |
| 05/24/1995 | 500136123 | PR | AC |              |   | Fail | Yes |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type         | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status |                                     |
|-------------|--------------|--------|-------------|------------|-----------|------------------|-------------|-------------------------------------|
| 150135      | UIC DISPOSAL | AC     | 07/14/1982  |            | -         | MCKINLEY 1-20    | AC          | <input type="checkbox"/>            |
| 205894      | WELL         | IJ     | 06/15/2015  | DSPW       | 009-06309 | MCKINLEY 1-20-WD | AC          | <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 Motors: _____ | 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 |
|----------------------|------------------------------|--------------------------------|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY                 | Stickers and stencils on tanks |                   |         |
| WELLHEAD             | SATISFACTORY                 | Lease sign by water tank       |                   |         |

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?

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

|                   |   |                               |  |       |
|-------------------|---|-------------------------------|--|-------|
| <b>Equipment:</b> |   |                               |  |       |
| Type:             | # | Satisfactory/Action Required: |  |       |
| Comment           |   |                               |  |       |
| Corrective Action |   |                               |  | Date: |

|                 |    |
|-----------------|----|
| <b>Venting:</b> |    |
| Yes/No          | NO |
| Comment         |    |

|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| <b>Flaring:</b>    |  |                              |  |
| Type               |  | Satisfactory/Action Required |  |
| Comment:           |  |                              |  |
| Corrective Action: |  | Correct Action Date:         |  |

**Predrill**

Location ID: 205894

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: 205894 Type: WELL API Number: 009-06309 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**Inj./Tube: Pressure or inches of Hg 0" HG  
(e.g. 30 psig or -30" Hg)

Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

Inj Zone: WBNS

TC: Pressure or inches of Hg 0 PSI

Previous Test Pressure \_\_\_\_\_ Last MIT: 08/08/2012

Brhd: Pressure or inches of Hg \_\_\_\_\_

Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ 0" HG

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_

Tbg psi: \_\_\_\_\_

Csg psi: \_\_\_\_\_

BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

**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 \_\_\_\_\_

Inspector Name: Welsh, Brian

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

|        |      |        |      |  |  |  |
|--------|------|--------|------|--|--|--|
| Gravel | Pass | Gravel | Pass |  |  |  |
|--------|------|--------|------|--|--|--|

S/A/V: SATISFACTOR      Corrective Date: \_\_\_\_\_  
Y \_\_\_\_\_

Comment: \_\_\_\_\_

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

**Pits:**    ☒ NO SURFACE INDICATION OF PIT