

**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:

05/11/2016

Document Number:

679901517

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|---------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>207313</u> | <u>321567</u> | <u>Welsh, Brian</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>70430</u> |
| Name of Operator: | <u>PINTAIL PETROLEUM LTD</u> |
| Address: | <u>225 N. MARKET #300</u> |
| City: | <u>WICHITA</u> State: <u>KS</u> Zip: <u>67202</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 | |
| Davis, Sue | 316-263-2243 | sdavis@pintailpetroleum.com | |

Compliance Summary:

| QtrQtr: <u>SWSW</u> Sec: <u>23</u> Twp: <u>15S</u> Range: <u>46W</u> | | | | | | | |
|--|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 05/28/2015 | 668603502 | SI | AC | SATISFACTORY | | | No |
| 04/28/2014 | 668602565 | IJ | AC | SATISFACTORY | P | | No |
| 06/04/2013 | 668600877 | IJ | AC | SATISFACTORY | | | No |
| 05/06/2011 | 200310042 | RT | AC | SATISFACTORY | | | No |
| 04/19/2010 | 200243573 | RT | AC | SATISFACTORY | | | No |
| 06/26/2009 | 200213501 | RT | AC | SATISFACTORY | | | No |
| 06/04/2008 | 200190478 | MI | AC | SATISFACTORY | | | No |
| 04/27/2007 | 200109741 | RT | AC | SATISFACTORY | | Pass | No |
| 07/20/2006 | 200094588 | RT | AC | SATISFACTORY | | Pass | No |
| 07/28/2005 | 200074932 | RT | AC | SATISFACTORY | | Pass | No |
| 07/28/2004 | 200058111 | RT | AC | SATISFACTORY | | Pass | No |
| 08/20/2003 | 200043283 | MI | AC | SATISFACTORY | | Pass | No |
| 07/31/2002 | 200029498 | RT | AC | SATISFACTORY | | Pass | No |
| 08/20/2001 | 200019530 | RT | AC | SATISFACTORY | | Pass | No |
| 08/31/2000 | 200009317 | RT | AC | SATISFACTORY | I | Pass | No |
| 08/05/1999 | 873186 | PR | AC | SATISFACTORY | | Pass | No |
| 11/17/1997 | 500138381 | PR | AC | | | Fail | Yes |
| 06/19/1996 | 500138380 | PR | AC | | | Fail | Yes |
| 06/16/1995 | 500138375 | PR | AC | | | Pass | Yes |
| 11/30/1993 | 500138376 | | AC | | | | |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|--------------|--------|-------------|------------|-----------|--------------------------|-------------|
| 114950 | PIT | | 09/23/1999 | | - | CHAMPLIN 205 AMOCO "A" 1 | |
| 150335 | UIC DISPOSAL | AC | 09/10/1992 | | - | CHAMPLINN 205 AMOCO A-1 | AC |
| 207313 | WELL | IJ | 10/15/2014 | DSPW | 017-06248 | CHAMPLIN 205 AMOCO A 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 | Gravel road through pasture | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|------------------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | Lease sign by wellhead | | |

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

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------|------------------------------|--|-------------------|---------|
| STORAGE OF SUPL | SATISFACTORY | Misc equipment stored on cement pad next to well | | |

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

| | | | |
|---------------------------|---|-------------------------------|--------------|
| Equipment: | | | |
| Type: Deadman # & Marked | # 4 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Ancillary equipment | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | Cathodic rectifier and electric panel on REA pole | | |
| Corrective Action | | | Date: |

| | |
|-----------------|----|
| Venting: | |
| Yes/No | NO |
| Comment | |

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

Predrill

Location ID: 207313

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: 207313 Type: WELL API Number: 017-06248 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -19" HG
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: SP-OS

TC: Pressure or inches of Hg 0 PSIG

Previous Test Pressure _____

Last MIT: 06/04/2013

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTRReq: NO

Comment: **CASING HAD A STRONG BLOW THAT DIED IMMEDIATELY, TBG IJ @ -19" HG**

Method of Injection: GRAVITY FEED

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:

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? 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| 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