

**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:

05/20/2016

Document Number:

673713196

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	233533	316962	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 94300Name of Operator: WARD & SON* ALFREDAddress: P O BOX 737City: OGALLALLA State: NE Zip: 69153

- ☐ 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	COGCC Supervisor
Ward, Randy	(308) 284-8350	rlwardne@charter.net	

Compliance Summary:QtrQtr: NWSW Sec: 16 Twp: 3S Range: 56W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/07/2015	673711192	IJ	AC	SATISFACTORY			No
07/16/2014	673704844	IJ	AC	SATISFACTORY			No
07/24/2013	668200553	IJ	AC	SATISFACTORY	P		No
07/16/2012	663400610	IJ	AC	ACTION REQUIRED	P		No
04/22/2011	200308489	MI	AC	SATISFACTORY			No
06/04/2010	200254334	RT	AC	SATISFACTORY			No
07/10/2009	200215328	RT	AC	SATISFACTORY			No
03/09/2009	200205617	RT	AC	SATISFACTORY			No
03/11/2008	200128806	RT	AC	SATISFACTORY			No
05/25/2007	200112031	RT	AC	SATISFACTORY		Pass	No
07/19/2006	200094475	MI	AC	SATISFACTORY		Pass	No
06/28/2006	200093899	MI	AC	ACTION REQUIRED		Fail	Yes
08/29/2005	200076004	RT	AC	SATISFACTORY		Pass	No
08/16/2004	200059204	RT	AC	SATISFACTORY		Pass	No
08/01/2003	200042255	RT	AC	SATISFACTORY		Pass	No
07/25/2002	200029379	RT	AC	SATISFACTORY		Pass	No
03/23/2001	200015352	MI	AC	SATISFACTORY	I	Pass	No
06/15/2000	200007320	RT	AC	SATISFACTORY		Pass	No

Inspector Comment:

Inspector Name: Sherman, Susan

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150015	UIC DISPOSAL	AC	01/07/1971		-	STATE B-6	AC	<input type="checkbox"/>
233533	WELL	IJ	10/23/1963	DSPW	121-05582	STATE B-6-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 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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

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
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	steel panels		

Equipment:

Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____

Facilities:

☐ New Tank

Tank ID: _____

Inspector Name: Sherman, Susan

Contents		#	Capacity	Type	SE GPS		
				CENTRALIZED BATTERY	,		
S/AR			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							
Venting:							
Yes/No							
Comment							
Flaring:							
Type		Satisfactory/Action Required					
Comment:							
Corrective Action:						Correct Action Date:	

Predrill

Location ID: 233533

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: 233533 Type: WELL API Number: 121-05582 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: MDDYJ

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 04/22/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: -15" Hg Csg psi: 0 psi BH psi: _____

Insp. Status: Pass

Comment: MIT 5/20/2016
 Initial Tubing pressure ~-15" Hg
 Initial Casing pressure 0 psi
 0 min casing test pressure 350 psi
 5 min casing test pressure 350 psi
 10 min casing test pressure 350 psi
 15 min casing test pressure 350 psi
 Final casing pressure 0 psi
 Final tubing pressure ~-15" Hg
 MIT passed.
 Active injection by gravity.

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: pasture

1003a. Waste and Debris removed? Pass

Inspector Name: Sherman, Susan

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 _____

Inspector Name: Sherman, Susan

Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>
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Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
Other	Pass					vegetation

S/A/V: SATISFACTOR Y	Corrective Date: _____
Comment:	
CA:	

Pits: <input type="checkbox"/> 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
673713202	Ward & Son* Alfred State B-^WD	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3863361