

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:
06/14/2016
Document Number:
685300696
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>262663</u>	<u>334043</u>	<u>St John, William (Cal)</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10559</u>
Name of Operator:	<u>SOUTHLAND ROYALTY COMPANY LLC</u>
Address:	<u>400 WEST 7TH STREET</u>
City:	<u>FORT WORTH</u> State: <u>TX</u> Zip: <u>76102</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
Semler, Willard	505-330-4302	wsemler@ctfieldsvcs.com	SW Inspection Reports
Hampton, John	505-330-4377	jhampton@ctfieldsvcs.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Grigg, Robbie		rgrigg@morningpartners.com	SW Inspection Reports

Compliance Summary:

QtrQtr: SWNW Sec: 19 Twp: 32N Range: 5W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/22/2011	200322605	PR	PR	SATISFACTORY			No
09/09/2008	200195337	PR	PR	SATISFACTORY			No
07/31/2008	200193101	BH	PR	SATISFACTORY			Yes
08/26/2005	200078133	PR	PR	SATISFACTORY		Pass	No
05/27/2003	200039515	CC	DG	SATISFACTORY		Pass	No
05/25/2003	200039514	CC	DG	SATISFACTORY		Pass	No

Inspector Comment:

This inspection report contains corrective actions. See Storm Water Section of report for additional comments. See link at end of report for path to downloadable pictures.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
318	WELL	PR	02/06/2008	GW	007-06245	GALLEGOS 32-5 19-3	PR	<input checked="" type="checkbox"/>
262663	WELL	PR	07/30/2003	GW	007-06190	GALLEGOS 32-5 19-1 WELL	PR	<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
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY	NFPA lable starting to peel on produced 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
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	Post and Hog wire.		
WELLHEAD	SATISFACTORY	6' Chain Link topped with barb wire.		

Equipment:

Type: Prime Mover	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	Electric Motor		
Corrective Action		Date:	
Type: Deadman # & Marked	# 7	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Flow Line	# 2	Satisfactory/Action Required:	SATISFACTORY

Comment			
Corrective Action		Date:	
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Water Transfer Equipment	
Corrective Action		Date:	
Type: Bird Protectors	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Gas Meter Run	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Steel Building - Tank Battery	
Corrective Action		Date:	
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Chemical Tank and pump on secondary containment.	
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Electric Service	
Corrective Action		Date:	
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment		Telemetry Equipment	
Corrective Action		Date:	
Type: Vertical Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment		Wellhead	
Corrective Action		Date:	
Type: Pump Jack	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 BBLS	HEATED STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	
<u>Paint</u>				

Inspector Name: St John, William (Cal)

Condition	Adequate				
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: 262663

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: 318 Type: WELL API Number: 007-06245 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 262663 Type: WELL API Number: 007-06190 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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? _____
 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

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
Berms	Pass	Culverts	Pass			
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass	MHSP	Fail	

S/A/V: SATISFACTOR _____ Corrective Date: _____
 Y _____
 Comment: Two 55 Gallon drums inside wellhead fencing are sitting on bare ground without berms or secondary containment devices.
 CA: Remove stored materials or install berms or other secondary containment device to Comply with Rule 1002.f. (2).B.

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
685300726	55 Gallon drums at wellhead without containment	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3880491