

**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:

06/17/2016

Document Number:

685300759

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	214097	333541	St John, William (Cal)	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 87830Name of Operator: THOMPSON ENGINEERING & PRODUCTIONAddress: 7415 E MAINCity: FARMINGTON State: NM Zip: 87402

- ☐ 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
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Thompson, Paul		paul@walsheng.net	
Thompson, John	/(970) 749-4238	john@walsheng.net	Consultant

Compliance Summary:QtrQtr: NWSE Sec: 14 Twp: 33N Range: 9W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/22/2015	674602111			SATISFACTORY			No
12/15/2014	674601319	PR	PR	ACTION REQUIRED			No
08/04/2014	674600713	PR	PR	ACTION REQUIRED	P		No
11/15/2012	669400274	SI	SI	ACTION REQUIRED	I		No
11/25/2009	200225010	PR	PR	SATISFACTORY			No
09/25/2009	200218922	PR	PR	SATISFACTORY			No
04/06/2006	200092705	PR	PR	SATISFACTORY		Pass	No
10/27/2004	200065589	PR	PR	SATISFACTORY		Pass	No
04/15/2003	200038013	ID	SI	SATISFACTORY		Pass	No
09/18/2001	200021720	ID	SI	SATISFACTORY		Pass	No
04/18/2000	200006837	BH	SI	SATISFACTORY		Pass	No
05/11/1998	500146731	BH	PR			Pass	No
03/12/1998	500146730	PR	PR			Pass	No
02/08/1996	500146729	ID	SI				No
10/25/1994	500146728	PR	PR			Pass	No

Inspector Comment:

This inspection report contains corrective action. See Signs/Marker, Good Housekeeping, and Facilities Sections of report for additional comments. See link at end of report for path to downloadable pictures.

Related Facilities:

Inspector Name: St John, William (Cal)

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
214097	WELL	PR	01/21/2016	GW	067-05404	BONDAD 33-9 34	TA	<input checked="" type="checkbox"/>
216271	WELL	PR	09/03/2015	GW	067-07877	MCCARVILLE B 1	PR	<input 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			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	ACTION REQUIRED	Capacity is faded and unreadable. NFPA label change is faded and nearly unreadable. Current signage needs improvement to meet standards and intent.	Install sign to comply with Rule 210.c and Rule 210.e	08/19/2016
WELLHEAD	SATISFACTORY	Sign is not currently attached to anything and is propped up against meter run house.		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	Approximately 1' X 1' patch of stained soil (less than 5 gallon bucket) is located off the backside of separator next to disconnected flowline needs to be cleaned up.		

UNUSED EQUIPMENT	ACTION REQUIRED	Disconncted Kim Ray Bonnet and Flow line left on location	If not intended for use remove unused equipment to comply with Rule 603.f using the Rule 603.f guidance document for further details.	07/21/2016
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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
TANK BATTERY	SATISFACTORY	Post and Hog Wire		
TANK BATTERY	SATISFACTORY	Post and Hog Wire		

Equipment:

Type: Bird Protectors	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Flow Line	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Wellhead		
Corrective Action			Date:
Type: Compressor	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Telemetry Equipment		
Corrective Action			Date:
Type: Pump Jack	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			

Corrective Action					Date:	
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	Open Top	,

S/AR	SATISFACTORY	Comment:	Steel Mesh Top
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Corrective Action:	Corrective Date:
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 94 BBLS

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Inadequate

Corrective Action	Remove weeds and repair berms or install other secondary containment device to comply with Rule 605.a.(4).	Corrective Date	07/21/2016
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Comment	Weeds are sprouting inside containment area and on containment berms.
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	Open Top	,

S/AR	SATISFACTORY	Comment:	Steel Mesh Top
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Corrective Action:	Corrective Date:
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 118 BBLS

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Inadequate

Corrective Action	Remove weeds and repair berms or install other secondary containment device to comply with Rule 605.a.(4).	Corrective Date	07/21/2016
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Comment	Weeds are growing inside containment area and on containment berms.
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Venting:

Yes/No	NO
Comment	

Flaring:

Type	Satisfactory/Action Required
Comment:	
Corrective Action:	Correct Action Date:

Predrill

Location ID: 214097

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: 214097 Type: WELL API Number: 067-05404 Status: PR Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Flowline disconnected and wellhead valves closed. Production records show the last reported production was February 2016.

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Inspector Name: St John, William (Cal)

Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
<u>Water Well:</u>			
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	Lat _____ Long _____
<u>Field Parameters:</u>			
Sample Location: _____			
Emission Control Burner (ECB): _____			
Comment: _____			
Pilot: _____		Wildlife Protection Devices (fired vessels): _____	
Reclamation - Storm Water - Pit			
<u>Interim Reclamation:</u>			
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			
<u>Cropland</u>			
Top soil replaced _____		Recontoured _____ Perennial forage re-established _____	
<u>Non-Cropland</u>			

Inspector Name: St John, William (Cal)

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
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

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
685300766	Wellhead Sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3884250
685300767	Weeds and grass 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3884251
685300768	Weeds and grass 2	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3884252
685300769	Stained soil	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3884253
685300770	Disconnected flowline	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3884254
685300771	Disconneted Kim Ray Bonnet	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3884255