

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:
06/22/2016
Document Number:
674003986
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>298847</u>	<u>302455</u>	<u>Carlile, Craig</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 10604
Name of Operator: COMPLETE ENERGY SERVICES INC
Address: 4727 GAILLARDIA PKWY STE 250
City: OKLAHOMA CITY State: OK Zip: 73142

- 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
Clint Sellmer		csellmer@hpdswd.com	

Compliance Summary:

QtrQtr: NENE Sec: 24 Twp: 3N Range: 66W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/28/2015	674001989	IJ	IJ	SATISFACTORY			No
06/13/2014	674001128	IJ	IJ	SATISFACTORY	P		No
06/21/2013	668300402	IJ	AC	SATISFACTORY	P		No
07/11/2012	661601712	IJ	AC	SATISFACTORY			No
06/07/2012	667600403	IJ	AC	ACTION REQUIRED			No
07/25/2011	200316149	RT	AC	SATISFACTORY			No
06/24/2010	200257821	RT	AC	SATISFACTORY			No
04/07/2009	200208264	MI	SI	SATISFACTORY	I		No
03/31/2009	200207676	RT	WO	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159270	UIC DISPOSAL	AC	04/27/2009		-	HPD PLATTEVILLE 1	AC	<input checked="" type="checkbox"/>
298847	WELL	IJ	04/12/2012	DSPW	123-29168	HPD PLATTEVILLE 1	AC	<input type="checkbox"/>

Equipment:

Location Inventory

Inspector Name: Carlile, Craig

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			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	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

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Wellhead enclosed within shack.		

Equipment:

Type: Prime Mover # 1 Satisfactory/Action Required: SATISFACTORY

Comment: **Injuection pump**

Corrective Action: _____ Date: _____

Facilities:

New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	1000 BBLS	STEEL AST	
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date: _____

Inspector Name: Carlile, Craig

Paint Condition

Other (Content)

Other (Capacity)

Other (Type)

Berms

Table with 5 columns: Type, Capacity, Permeability (Wall), Permeability (Base), Maintenance

Corrective Action Corrective Date

Comment Shared with crude oil tanks.

Facilities: New Tank Tank ID:

Table with 5 columns: Contents, #, Capacity, Type, SE GPS

S/AR SATISFACTORY Comment:

Corrective Action: Corrective Date:

Paint

Condition Adequate

Other (Content)

Other (Capacity) 750 Bbl

Other (Type)

Berms

Table with 5 columns: Type, Capacity, Permeability (Wall), Permeability (Base), Maintenance

Corrective Action Corrective Date

Comment

Facilities: New Tank Tank ID:

Table with 5 columns: Contents, #, Capacity, Type, SE GPS

S/AR Comment:

Corrective Action: Corrective Date:

Paint

Condition

Other (Content)

Other (Capacity) 750 Bbl

Other (Type)

Berms

Table with 5 columns: Type, Capacity, Permeability (Wall), Permeability (Base), Maintenance

Corrective Action Corrective Date

Comment Shared with crude tanks.

Venting:

Yes/No	
Comment	

Flaring:

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

Predrill

Location ID: 298847

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:	<u>159270</u>	Type:	<u>UIC</u>	API Number:	<u>-</u>	Status:	<u>AC</u>	Insp. Status:	<u>AC</u>
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Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 1427

UIC Routine

Inj./Tube: Pressure or inches of Hg 1400
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____
Inj Zone: _____

TC: Pressure or inches of Hg 0

Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____ AnnMTReq: _____

Comment: All pressures are recorded in pounds per square inch.

Method of Injection: PUMP 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? _____

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

Inspector Name: Carlile, Craig

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Routine inspection.	carlilec	06/22/2016

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
674003986	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3884821