

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:
06/21/2016
Document Number:
685300809
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>215566</u>	<u>325918</u>	<u>St John, William (Cal)</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>41440</u>
Name of Operator:	<u>HUBBS III, LLC</u>
Address:	<u>367 COUNTY ROAD 129</u>
City:	<u>HESPERUS</u> State: <u>CO</u> Zip: <u>81326</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
Labowskie, Steve		steve.labowskie@state.co.us	COGCC

Compliance Summary:

QtrQtr: SWNE Sec: 11 Twp: 33N Range: 12W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/05/2012	661700384	SI	SI	ACTION REQUIRED			No
08/17/2009	200219261	PR	PR	SATISFACTORY			No
01/03/2008	200124364	PR	PR	ACTION REQUIRED			Yes
08/06/1997	500149248	PR	PR			Pass	No
06/06/1996	500149247	PR	PR			Pass	No

Inspector Comment:

This report contains corrective actions and comments. See Signs/Marker, Good Housekeeping, Equipment, Facilities, and Venting 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
100561	PIT		09/23/1999		-	TED & HAZEL 11-1	<input type="checkbox"/>
215566	WELL	PR	01/01/2012	OW	067-07171	TED & HAZEL 11-1	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
TANK LABELS/PLACARDS	ACTION REQUIRED	Blue plastic Trough full of oil and parafin has no signage. NFPA lable, capacity. ect.	Remove or install sign to comply with rule 210.d	09/09/2016
WELLHEAD	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	ACTION REQUIRED	There ia an old water trough in tank battery with oil and parafin residue. There is no wildlife screen over the top of trough and trough is not currently connected to anything.	Remove unused equipment to comply with Rule 603.f using the Rule 603.f guidance document for further details. If trough is to be used install wildlife screen to comply with Rule 201.	08/12/2016

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
WELLHEAD	SATISFACTORY	Panel		

Equipment:				
Type: Pump Jack	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required: ACTION REQUIRED		
Comment	Wellhead - Oil is covering the stuffing box, the wellhead tee, and the and top of casing.			
Corrective Action	Securely fasten all valves, pipes, and fittings to ensure good mechanical condition per 605.d			Date: 8/12/2016
Type: Deadman # & Marked	# 4	Satisfactory/Action Required: SATISFACTORY		
Comment	Markers pushed over by cattle need to be repaired.			
Corrective Action				Date:

Type: Flow Line	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Prime Mover	# 1	Satisfactory/Action Required: SATISFACTORY
Comment Natural gas motor.		
Corrective Action		Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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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 Grass and weeds that are sprouting inside berms.				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	OTHER	Open Top	,
S/AR	SATISFACTORY		Comment: Blue PlasticTrough	
Corrective Action:			Corrective Date:	

Paint

Condition	
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Other (Content) _____
 Other (Capacity) UNKOWN
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action			Corrective Date	08/12/2016
Comment No Berms or secondary containment.				

Venting:

Yes/No	YES
Comment The gas is being tapped off the supply gas knockout from wellhead and tied into the temporary line where the well controller is mounted. Ball valve at the end of the line is open.	

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

Predrill

Location ID: 215566

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: 215566 Type: WELL API Number: 067-07171 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
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR Corrective Date: _____

Y _____

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
685300821	Trough inside tank containment	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3896634
685300822	Blue plastic trough without berms	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3896635
685300823	Oil covered wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3896636
685300824	Ball valve where well is venting	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3896637