

**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:

07/07/2016

Document Number:

674602661

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	216904	307117	Maclaren, Joe	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 95233Name of Operator: WELLINGTON OPERATING COMPANYAddress: 6065 S QUEBEC ST STE 200City: CENTENNIAL State: CO Zip: 80111

- ☐ 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
Schlagenhauf, Mark		mark.schlagenhauf@state.co.us	
Pomeroy, Bradley	303-220-5399	pomoco@msn.com	owner
Gracey, Cam	970-567-6871	graceyservices@msn.com	
Hazard, Ellice		ellice.hazard@state.co.us	

Compliance Summary:QtrQtr: NWNE Sec: 18 Twp: 9N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/01/2013	671100159	PR	PR	SATISFACTORY	P		No
07/20/2005	200074393	PR	PR	SATISFACTORY		Pass	No
06/25/2003	200040863	PR	PR	SATISFACTORY		Pass	No
08/07/2002	200029991	PR	PR	SATISFACTORY		Pass	No
07/17/2001	200017982	PR	PR	SATISFACTORY		Pass	No
04/05/2001	200015640	PR	PR	SATISFACTORY		Pass	No
07/19/2000	200007985	PR	PR	SATISFACTORY		Pass	No
07/15/1999	500151108	PR	PR			Pass	No
07/21/1998	500151107	PR	PR			Pass	No
09/30/1996	500151106	PR	PR			Pass	No

Inspector Comment:

Engineering Integrity inspection conducted on 7/7/2016 with a primary focus on the flowlines associated with this well. Details of observations made during this field inspection are available in the equipment/ flowline section of this report. Please note the comments located at the end of this report. Photo's uploaded can be accessed via link(s) at end of report.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
216904	WELL	PR	09/27/1999	OW	069-06091	W F MUDDY UT/ELDER 32-4	EG	<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 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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Emergency Contact Number (S/AR): _____

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

Equipment:

Type: Flow Line	# 1	Satisfactory/Action Required:	
Comment	Well site flowline identified and is routed off location to remote battery/ facility (Wellington Muddy Unit/ South Battery located approx 1200' NE of well pad); No surface equipment (other than pumping unit/ prime mover/ ancillary electrical) on location. No flowline integrity issues were observed during this field inspection.		
Corrective Action			Date: _____

Venting:

Yes/No	
Comment	

Flaring:

Type		Satisfactory/Action Required	
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Inspector Name: Maclaren, Joe

Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 216904

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>216904</u>	Type: <u>WELL</u>	API Number: <u>069-06091</u>	Status: <u>PR</u>	Insp. Status: <u>EG</u>
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Environmental

Spills/Releases:

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

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: Maclaren, Joe

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? _____

Inspector Name: Maclaren, Joe

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

S/A/V:

Corrective Date:

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
1101e. Pressure testing of flowlines. (1) Before operating a segment of flowline it shall be tested to maximum anticipated operating pressure. In conducting tests, each operator shall ensure that reasonable precautions are taken to protect its employees and the general public. The testing may be conducted using well head pressure sources and well bore fluids, including natural gas. Such pressure tests shall be repeated once each calendar year to maximum anticipated operating pressure, and operators shall maintain records of such testing for Commission inspection for at least three (3) years. (2) Flowline segments operating at less than fifteen (15) psig are excepted from pressure testing requirements.	maclarej	07/08/2016
Note: Future contact will be made with operator by COGCC Engineering Integrity staff to discuss COGCC series 1100 (flowline) rules; with an emphasis on 1101e. annual flowline pressure testing requirements.	maclarej	07/08/2016

Attached Documents

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

Inspector Name: Maclaren, Joe

Document Num	Description	URL
674602661	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3898154
674602665	Well Sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3898150
674602666	Pumping Unit/ Wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3898151
674602667	Wellhead/ Flowline	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3898152