

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:
674602659

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
	<u>217038</u>	<u>307166</u>	<u>Maclaren, Joe</u>		

Overall Inspection:
SATISFACTORY w/ CMT or AR

Operator Information:

OGCC Operator Number: <u>29625</u>
Name of Operator: <u>TOM FENNO PRODUCTION LLC</u>
Address: <u>1707 AVIAN DR</u>
City: <u>FORT COLLINS</u> State: <u>CO</u> Zip: <u>80525</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
Schlagenhauf, Mark		mark.schlagenhauf@state.co.us	
Hazard, Ellice		ellice.hazard@state.co.us	
Fenno, Tom		ashleyfenno@comcast.net	Owner
Gracey, Cam		graceyservices@msn.com	

Compliance Summary:

QtrQtr: <u>NENW</u>	Sec: <u>22</u>	Twp: <u>9N</u>	Range: <u>68W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/08/2014	674100216	PR	PR	SATISFACTORY	P		No
05/13/2010	200251687	PR	PR	SATISFACTORY			No
09/14/2004	200059791	PR	PR	SATISFACTORY		Pass	No
08/07/2002	200029981	PR	PR	SATISFACTORY		Pass	No
07/17/2001	200017999	PR	PR	SATISFACTORY		Pass	No
04/05/2001	200015637	PR	PR	SATISFACTORY		Pass	No
07/19/2000	200007967	PR	PR	SATISFACTORY		Pass	No
07/15/1999	500151279	PR	PR			Pass	No
07/21/1998	500151278	PR	PR			Pass	No
07/08/1997	500151277	PR	PR			Pass	No
09/13/1994	500151276		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 and stormwater sections of this report. Please also 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:

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Inspector Name: Maclaren, Joe

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
217038	WELL	PR	10/09/1984	OW	069-06225	REDWIN 22-2	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

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; routed off location to remote battery/ facility; No surface equipment (other than pumping unit/ prime mover/ ancillary electrical) on well pad. No flowline integrity issues were observed during this field inspection.		
Corrective Action		Date:	

Venting:

Yes/No	
Comment	

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

Predrill

Location ID: 217038

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: 217038 Type: WELL API Number: 069-06225 Status: PR Insp. Status: EG

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 _____
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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 _____

Inspector Name: Maclaren, Joe

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
				MHSP	Fail	

S/AV: **ACTION REQUIRED**

Corrective Date: **07/22/2016**

Comment: **No spill prevention under/ around 55 Gallon chemical drum; Drum labeled as flammable liquid/ poison (H2S Scavenger).**

CA: **Remove chemical drum from well pad; or install adequate containment under chemical drum.**

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:

Document Num	Description	URL
674602671	Well Sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3898371
674602672	Pump Jack/ chemical drum	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3898372
674602673	Chemical Label	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3898373