

FORM  
INSPRev  
05/11State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

07/13/2016

Document Number:

673713516

Overall Inspection:

SATISFACTORY

## FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	236081	317089	Sherman, Susan	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number:	95800
Name of Operator:	WESTGATE OIL CO
Address:	324 BERENTZ DR
City:	EUREKA
State:	KS
Zip:	67045

- 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
Berentz, Jack	(316) 685-5908	jberentz@scglobal.net	
Crumley, Luke	(970) 324-0060	crumleypumping@gmail.com	
Quint, Craig		craig.quint@state.co.us	

**Compliance Summary:**QtrQtr: SWNW Sec: 35 Twp: 3N Range: 52W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/07/2015	673711193	SI	SI	SATISFACTORY			No
03/30/2015	673710121	SI	SI	SATISFACTORY			No
06/12/2014	673704053	SI	SI	ACTION REQUIRED			No
07/16/2013	664001116	SI	AC	SATISFACTORY			No
06/28/2013	664001095	SI	SI	SATISFACTORY			No
07/17/2012	663400626	SI	AC	ACTION REQUIRED	P		No
06/19/2012	663300206	SI	SI	ACTION REQUIRED			No
04/21/2011	200308155	RT	AC	ACTION REQUIRED			Yes
06/22/2010	200257015	RT	AC	SATISFACTORY			No
07/21/2009	200215472	MI	PD	SATISFACTORY			No
08/11/2008	200195566	PR	PR	ACTION REQUIRED			Yes
12/13/2007	200123553	PR	SI	SATISFACTORY			No
12/01/2003	200047559	PR	PR	SATISFACTORY		Pass	No
09/25/2003	200044348	PR	PR	ACTION REQUIRED		Fail	Yes
09/25/1995	500159226	PR	PR			Fail	Yes

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
117520	PIT	CL	05/16/1995		-	DANIELS 1	CL
159302	UIC ENHANCED RECOVERY	AC	07/06/2009	ERIW	-	DANIELS	AC
236081	WELL	SI	05/20/2015	ERIW	121-08571	DANIELS 1	AC

**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

**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: **Emergency contact number busy. Check status to allow direct contact if needed.**

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: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY

<b>Comment</b>	well shed	
<b>Corrective Action</b>		<b>Date:</b>

**Facilities:**       New Tank      Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	,

<b>S/AR</b>		<b>Comment:</b>	
-------------	--	-----------------	--

<b>Corrective Action:</b>	<b>Corrective Date:</b>
---------------------------	-------------------------

Paint

<b>Condition</b>	
------------------	--

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

<b>Corrective Action</b>		<b>Corrective Date</b>
--------------------------	--	------------------------

<b>Comment</b>	
----------------	--

**Venting:**

<b>Yes/No</b>	
<b>Comment</b>	

**Flaring:**

<b>Type</b>		<b>Satisfactory/Action Required</b>
<b>Comment:</b>		
<b>Corrective Action:</b>		<b>Correct Action Date:</b>

**Predrill**

Location ID: 236081

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

**S/AR:** SATISFACTORY

**Comment:** No COAs.

**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: 236081

Type: WELL

API Number: 121-08571

Status: SI

Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg -21 inches Hg  
(e.g. 30 psig or -30" Hg)

Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
Inj Zone: DSND

TC: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_ Last MIT: 06/12/2014

Brhd: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_ AnnMTRReq: \_\_\_\_\_

Comment: Casing had slight puff that died immediately. Dec 2015 last reported production data. Update production data on Form 7s.

Method of Injection: GRAVITY 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: open range

1003a. Waste and Debris removed? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? Pass  
 CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? Pass  
 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			

Inspector Name: Sherman, Susan

Gravel	Pass	Gravel	Pass			
S/A/V: SATISFACTOR		Corrective Date: _____				
Y		_____				
Comment: _____						
CA: _____						
<b>Pits:</b> <input type="checkbox"/> 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
673713516	INSPECTION APPROVED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903801">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903801</a>
673713522	Westgate Dainiels 1 Routine UIC	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903796">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903796</a>