

**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:

08/16/2016

Document Number:

673403515

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 222384 | 312781 | Waldron, Emily | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 45898Name of Operator: KAISER-FRANCIS OIL COMPANYAddress: P O BOX 21468City: TULSA State: OK Zip: 74121

- ☐ 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 |
|--------------------------|-------|-------------------|------------------|
| VanValkenburg, Charlotte | | CharlotV@kfoc.net | Official Contact |

Compliance Summary:QtrQtr: NENE Sec: 29 Twp: 8N Range: 90W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 11/02/2015 | 673402611 | PR | PR | SATISFACTORY | | | No |
| 12/04/2014 | 673401510 | PR | SI | ACTION REQUIRED | Pass | | No |
| 10/20/2010 | 200283967 | PR | PR | SATISFACTORY | | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|-------------------------------------|
| 222384 | WELL | PR | 10/17/1967 | GW | 081-05377 | W W MCWILLIAMS 1-29 | TA | <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**Signs/Marker:**

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

Inspector Name: Waldron, Emily

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: 405-262-5511

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Equipment:

| | | | |
|--------------------------|-----|-------------------------------|--------------|
| Type: Deadman # & Marked | # | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |

Venting:

| | |
|---------|----|
| Yes/No | NO |
| Comment | |

Flaring:

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

Predrill

Location ID: 222384

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: 222384 Type: WELL API Number: 081-05377 Status: PR Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Pump jack disconnected from rods.

Environmental**Spills/Releases:**

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

Comment: _____

Date: _____

Inspector Name: Waldron, Emily

| | | |
|--|--|--|
| Corrective Action: _____ | | |
| Reportable: _____ | GPS: Lat _____ | Long _____ |
| Proximity to Surface Water: _____ | | Depth to Ground Water: _____ |
| <u>Water Well:</u> | | |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ |
| <u>Field Parameters:</u> | | |
| Sample Location: _____ | | |
| Emission Control Burner (ECB): _____ | | |
| Comment: _____ | | |
| Pilot: _____ | Wildlife Protection Devices (fired vessels): _____ | |
| <u>Reclamation - Storm Water - Pit</u> | | |
| <u>Interim Reclamation:</u> | | |
| 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 | | |
| <u>Cropland</u> | | |
| Top soil replaced _____ | Recontoured _____ | Perennial forage re-established _____ |
| <u>Non-Cropland</u> | | |

Inspector Name: Waldron, Emily

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/A/V: SATISFACTORY Corrective Date: _____

Comment: No apparent soil migration; erosion or soil movement.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

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

| Document Num | Description | URL |
|--------------|---------------------|---|
| 673403515 | INSPECTION APPROVED | http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3930131 |