

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:
09/13/2016
Document Number:
685301377
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>292015</u>	<u>320902</u>	<u>St John, William (Cal)</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>69805</u>
Name of Operator:	<u>PETROX RESOURCES INC</u>
Address:	<u>P O BOX 2600</u>
City:	<u>MEEKER</u> State: <u>CO</u> Zip: <u>81641</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
Clark, Mike	970-878-5594	mike.petroxcbm@gmail.com	All Inspections
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Hughes, Jim		jimo.hughes@state.co.us	
Nystrom, Dusty	505-330-1328	nystrow@yahoo.com	All Inspections

Compliance Summary:

QtrQtr: SWSE Sec: 9 Twp: 34N Range: 5W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/29/2014	674900189	PR	EI	ACTION REQUIRED			No
10/15/2014	674900166	PR	EI	ACTION REQUIRED			No
07/26/2011	200317028	PR	SI	SATISFACTORY			No
12/01/2010	200286472	ES	TA	SATISFACTORY			No
04/27/2009	200209584	ES	SI	ACTION REQUIRED			Yes

Inspector Comment:

Inspection report contains corrective action and comment. See Spills and Equipment Section of report for additional details. 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
292015	WELL	PR	08/01/2013	GW	007-06235	FOSSET GULCH UNIT 9U 4	PR <input checked="" type="checkbox"/>
439376	SPILL OR RELEASE	CL	10/21/2014		-	SPILL/RELEASE POINT	CL <input type="checkbox"/>

Equipment:

Location Inventory

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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	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
Produced Water	WELLHEAD	>= 5 bbls	Control and contain spill/release and clean up per Rule 906.a. Contact COGCC EPS staff within 24 hours.	10/14/2016

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PUMP JACK	SATISFACTORY			

Equipment:

Type: Pump Jack	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Lube Oil Tank on Spill Prevention.		
Corrective Action			Date:
Type: Bird Protectors	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Vertical Heated Separator	# 1	Satisfactory/Action Required:	SATISFACTORY

Comment			
Corrective Action		Date:	
Type: Flow Line	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Telemetry Equipment	
Corrective Action		Date:	
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Water Can and Valve Set	
Corrective Action		Date:	
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Wellhead - Leaking at packing. Contacted operator to report leak.	
Corrective Action		Date:	
Type: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Natural Gas Motor	
Corrective Action		Date:	

Venting:	
Yes/No	NO
Comment	

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

Predrill

Location ID: 292015

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: 292015 Type: WELL API Number: 007-06235 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 REVEGETATIONCropland

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	Ditches	Pass			
Berms	Pass	Compaction	Pass			
Waddles	Pass					
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTORY Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Produced water leaking from around packing at wellhead. 120' X (25" widest point 3' narrowest point) affected area. Contacted Petrox Resources and provided notification.	stjohnw	09/13/2016

Attached Documents

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

Document Num	Description	URL
685301377	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3950049
685301389	Wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3950041
685301390	Spill view 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3950042
685301394	Spill view 2	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3950043