

**FORM  
INSP**

Rev  
X/15

**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:

09/27/2016

Submitted Date:

09/27/2016

Document Number:

685301484

**FIELD INSPECTION FORM**

Loc ID 322090 Inspector Name: St John, William (Cal) On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

**Operator Information:**

OGCC Operator Number: 100178  
 Name of Operator: SIMMONS, INC.\* D. J.  
 Address: P.O. BOX 1469  
 City: FARMINGTON State: NM Zip: 87401

**Findings:**

- 9 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

| Contact Name     | Phone | Email                       | Comment                               |
|------------------|-------|-----------------------------|---------------------------------------|
| Byrom, John      |       | jbyrom@djsimmons.com        | <a href="#">All Inspections</a>       |
| Lopez, Chris     |       | clopez@djsimmons.com        | <a href="#">Regulatory Specialist</a> |
| Labowskie, Steve |       | steve.labowskie@state.co.us | <a href="#">COGCC</a>                 |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name       | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 208908      | WELL | PR     | 12/01/2013  | GW         | 033-06012 | CROSS CANYON UNIT 1 | PR          |

**General Comment:**

| Location   |                      |        |                 |
|--|----------------------|--------|-----------------|
| <b>Lease Road:</b>                                     |                      |        |                 |
| Type   | Access               |        |                 |
| comment:   |                      |        |                 |
| Corrective Action:                                     |                      |        | Date:           |
| Overall Good: <input type="checkbox"/>                 |                      |        |                 |
| <b>Signs/Marker:</b>                                   |                      |        |                 |
| Type   | WELLHEAD             |        |                 |
| Comment:   |                      |        |                 |
| Corrective Action:                                     |                      |        | Date:           |
| Type   | TANK LABELS/PLACARDS |        |                 |
| Comment:   |                      |        |                 |
| Corrective Action:                                     |                      |        | Date:           |
| Emergency Contact Number:                              |                      |        |                 |
| Comment:   |                      |        |                 |
| Corrective Action:                                     |                      |        | Date: _____     |
| Overall Good: <input type="checkbox"/>                 |                      |        |                 |
| <b>Spills:</b>   |                      |        |                 |
| Type   | Area                 | Volume |                 |
| In Containment: No                                     |                      |        |                 |
| Comment:   |                      |        |                 |
| <input type="checkbox"/> Multiple Spills and Releases? |                      |        |                 |
| <b>Fencing/:</b>                                       |                      |        |                 |
| Type   | WELLHEAD             |        |                 |
| Comment:   | Post and Rail        |        |                 |
| Corrective Action:                                     |                      |        | Date:           |
| <b>Equipment:</b>                                      |                      |        |                 |
| Type: Bird Protectors                                  | # 1                  |        | corrective date |
| Comment:   |                      |        |                 |
| Corrective Action:                                     |                      |        | Date:           |
| Type: Ancillary equipment                              | # 1                  |        |                 |
| Comment:   | Telemetry Equipment  |        |                 |
| Corrective Action:                                     |                      |        | Date:           |
| Type: Compressor                                       | # 0                  |        |                 |
| Comment:   |                      |        |                 |
| Corrective Action:                                     |                      |        | Date:           |
| Type: Horizontal Heated Separator                      | # 1                  |        |                 |
| Comment:   |                      |        |                 |
| Corrective Action:                                     |                      |        | Date:           |

|                           |                                   |  |       |
|---------------------------|-----------------------------------|--|-------|
| Type: Gas Meter Run       | # 1                               |  |       |
| Comment:                  |                                   |  |       |
| Corrective Action:        |                                   |  | Date: |
| Type: Ancillary equipment | # 1                               |  |       |
| Comment:                  | Wellhead                          |  |       |
| Corrective Action:        |                                   |  | Date: |
| Type: Other               | # 2                               |  |       |
| Comment:                  | Chemical Tank on Spill Prevention |  |       |
| Corrective Action:        |                                   |  | Date: |
| Type: Plunger Lift        | # 1                               |  |       |
| Comment:                  |                                   |  |       |
| Corrective Action:        |                                   |  | Date: |
| Type: Flow Line           | # 1                               |  |       |
| Comment:                  |                                   |  |       |
| Corrective Action:        |                                   |  | Date: |
| Type: Deadman # & Marked  | # 4                               |  |       |
| Comment:                  |                                   |  |       |
| Corrective Action:        |                                   |  | Date: |

**Tanks and Berms:**

| Contents           | # | Capacity | Type      | Tanak ID | SE GPS |
|--------------------|---|----------|-----------|----------|--------|
| PRODUCED WATER     | 1 | 300 BBLs | STEEL AST |          |        |
| Comment:           |   |          |           |          |        |
| Corrective Action: |   |          |           |          | Date:  |

**Paint**

|                  |          |  |
|------------------|----------|--|
| Condition        | Adequate |  |
| Other (Content)  |          |  |
| Other (Capacity) |          |  |
| Other (Type)     |          |  |

**Berms**

| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Earth              | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     | Date:       |

**Venting:**

|                    |    |       |
|--------------------|----|-------|
| Yes/No             | NO |       |
| Comment:           |    |       |
| Corrective Action: |    | Date: |

**Flaring:**

|          |  |
|----------|--|
| Type     |  |
| Comment: |  |

Corrective Action:

Date:

**Inspected Facilities**

Facility ID: 208908 Type: WELL API Number: 033-06012 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

Corrective Action:

Date:

**Reclamation - Storm Water - Pit**

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs                          | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| Compaction       | Pass            | Compaction              | Pass                  | Material Handling And Spill Prevention | Pass                     |         |
|                  |                 | Gravel                  | Pass                  |  |                          |         |
| Gravel           | Pass            | Ditches                 | Pass                  |  |                          |         |

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT