

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

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

Findings:9 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Byrom, John		jbyrom@djsimmons.com	All Inspections
Lopez, Chris		clopez@djsimmons.com	Regulatory Specialist
Labowskie, Steve		steve.labowskie@state.co.us	COGCC

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**Lease Road:**

Type	Access		
comment:			
Corrective Action	L	Date:	

Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	Post and Rail		
Corrective Action:		Date:	

Equipment:

			corrective date
Type: Bird Protectors	# 1		
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:	
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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: [Rilling noted on cut slope.](#)

Corrective Action:

Date: _____

Pits: ☒ 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
685301484	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3964165