

**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:
10/25/2016
Submitted Date:
10/25/2016
Document Number:
685301636

FIELD INSPECTION FORM

Loc ID 322093 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:

- 6 Number of Comments
- 0 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
208941	WELL	PR	06/05/2008	GW	033-06046	SQUAW CANYON FEDERAL 3-A	PR

General Comment:

(This area is intentionally left blank for general comments.)

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:

Overall Good:

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

Emergency Contact Number:

Comment:			
Corrective Action:			Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

Multiple Spills and Releases?

Equipment:			corrective date
Type: Flow Line	# 1		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment: Telemetry Equipment			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment: Wellhead			
Corrective Action:			Date:
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 1		

Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tanak ID	SE GPS
PRODUCED WATER	1	100 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:

Contents	#	Capacity	Type	Tanak ID	SE GPS
CRUDE OIL	2	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: 208941 Type: WELL API Number: 033-06046 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
Gravel	Pass					
Compaction	Pass					
Berms	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT