

**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:

03/23/2017

Submitted Date:

03/23/2017

Document Number:

673715114**FIELD INSPECTION FORM**

Loc ID 449576 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10652Name of Operator: EASTCO OPERATING LLCAddress: 600 17TH STREET SUITE 2800City: DENVER State: CO Zip: 80202**Status Summary:**

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

**Findings:**3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Johnson, Joel	512-940-7285	joel@eastcoop.com	Designated agent

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
449575	WELL	DG	03/15/2017		039-06682	Vermillion 1	DG

**General Comment:**

**Location**Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	OTHER		
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?**Venting:**

Yes/No		
Comment:		
Corrective Action:		Date:

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

### Location Construction

Location ID: 449575 CDP: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

#### Form 2A COAs:

**Comment:** No problems seen on location.

Corrective Action: \_\_\_\_\_

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

#### Wildlife BMPs:

**Comment:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

**Comment:** \_\_\_\_\_

**Corrective Action:** \_\_\_\_\_

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

#### 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:

\_\_\_\_\_

**Inspected Facilities**Facility ID: 449575 Type: WELL API Number: 039-06682 Status: DG Insp. Status: DG**Well Drilling**

**Rig:** Rig Name: WW Drilling Rig 20 Pusher/Rig Manager: JClemson/JWeir  
Permit Posted: \_\_\_\_\_ Access Sign: \_\_\_\_\_

**Well Control Equipment:**

Pipe Ram: NO Blind Ram: NO Hydril Type: YES  
Pressure Test BOP: Pass Test Pressure PSI: 579 Safety Plan: YES

**Drill Fluids****Management:**

Lined Pit: YES Unlined Pit: YES Closed Loop: NO Semi-Closed Loop: \_\_\_\_\_  
Multi-Well: NO Disposal Location: drill cuttings on location, fluids off

**Comment:** 3/23/2017 Tested BOP for 15 mins, 579 psi at 0 min and 558 psi at 15 min. Called COGCC Engineering (DB) to review and approve test.

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
Berms	Pass	Culverts	Pass	Material Handling And Spill Prevention	Pass	
Compaction	Pass	Compaction	Pass	Covering Materials	Pass	
Slope Roughening	Pass			Vehicle Tracking	Pass	

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PITType: Drilling PitLined: NOPit ID: Lat: Long: Reference Point: Other: Length: Width: **Lining:**Liner Type: Liner Condition: Comment: Corrective Action: Date: c**Fencing:**Fencing Type: NoneFencing Condition: Comment: Corrective Action: Date: **Netting:**Netting Type: Netting Condition: Comment: Corrective Action: Date: Anchor Trench Present: Oil Accumulation: NO2+ feet Freeboard: YESComment: Corrective Action: Date: Type: Water FreshLined: YESPit ID: Lat: Long: Reference Point: Other: Length: Width: **Lining:**Liner Type: Liner Condition: Comment: Corrective Action: Date: c**Fencing:**Fencing Type: NoneFencing Condition: Comment:

Inspector Name: Sherman, Susan

Corrective Action		Date:
<b>Netting:</b>		
Netting Type:	Netting Condition:	
Comment:		
Corrective Action		Date:
Anchor Trench Present:	Oil Accumulation: <u>NO</u>	2+ feet Freeboard:
Comment:		
Corrective Action		Date:

### **Attached Documents**

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

Document Num	Description	URL
673715115	EASTCO Vermillion 1 Rig 20	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4107456">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4107456</a>