

**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:

08/08/2017

Submitted Date:

08/11/2017

Document Number:

680401780

**FIELD INSPECTION FORM**

Loc ID 324591 Inspector Name: BROWNING, CHUCK 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: 46290  
Name of Operator: K P KAUFFMAN COMPANY INC  
Address: 1675 BROADWAY, STE 2800  
City: DENVER State: CO Zip: 80202

**Findings:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Teter,		cogcc@kpk.com	All Inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
212077	WELL	IJ	12/28/1984	DSPW	057-05129	DWINELL 1	AC

**General Comment:**

[Routine UIC inspection.](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:

Overall Good:

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	BATTERY		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:

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

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Prime Mover	# 1		
Comment:	Pump inside housing		
Corrective Action:			Date:
Type: Vertical Heated Separator	# 1		
Comment:			
Corrective Action:			Date:

<b>Tanks and Berms:</b>						
Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	1	500 BBLs	STEEL AST		40.822053,-106.233220	
Comment:						
Corrective Action:						Date:
<b>Paint</b>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<b>Berms</b>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:						Date:
Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	2	400 BBLs	STEEL AST		40.822053,-106.233220	
Comment:						
Corrective Action:						Date:
<b>Paint</b>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<b>Berms</b>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:						Date:
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	4	500 BBLs	STEEL AST		40.822053,-106.233220	
Comment: All tanks and pump housing inside same berms.						
Corrective Action:						Date:
<b>Paint</b>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<b>Berms</b>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		

Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment:					
Corrective Action:					Date:

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date:

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**

Facility ID: 212077 Type: WELL API Number: 057-05129 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>1500</u>	Previous Test Pressure _____	MPP _____
	(e.g. 30 psig or -30" Hg)		Inj Zone: <u>DK-LK</u>
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>06/18/2013</u>
Brhd:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	AnnMTReq: _____

Comment: Routine UIC inspection. Active injection at time of inspection.

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

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

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

**Environmental**

**Waste Management:**

Type	Management	Condition	GPS (Lat) (Long)	
Oily Soil	Land Treatment	Adequate	40.822004	-106.232777
Comment	Soil treatment pile inside earth berms.			
Corrective Action				Date: _____

**Spill/Remediation:**

Comment:

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

Emission Control Burner (ECB): \_\_\_\_\_

Comment:

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): \_\_\_\_\_

**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	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT

Type: Blowdown Lined: NO Pit ID: \_\_\_\_\_ Lat: 40.821706 Long: -106.232640

Reference Point: \_\_\_\_\_ Other: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_

**Lining:**

Liner Type: \_\_\_\_\_ Liner Condition: \_\_\_\_\_

Comment:

Corrective Action

Date: c

**Fencing:**

Fencing Type: Livestock Fencing Condition: Adequate

Comment: T-post & barb wire

Corrective Action

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

**Netting:**

Netting Type: \_\_\_\_\_ Netting Condition: \_\_\_\_\_

Comment:

Corrective Action

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

Anchor Trench Present: \_\_\_\_\_ Oil Accumulation: \_\_\_\_\_ 2+ feet Freeboard: \_\_\_\_\_

Comment:

Corrective Action

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