

**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:

02/08/2018

Submitted Date:

02/12/2018

Document Number:

688301158**FIELD INSPECTION FORM**Loc ID 316966 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 94300Name of Operator: WARD & SON* ALFREDAddress: P O BOX 737City: OGALLALLA State: NE Zip: 69153**Status Summary:**

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

Findings:21 Number of Comments5 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Ward, Randy	(308) 280-0100	randy@wardoil.com	
MacLaren, Joe		joe.maclaren@state.co.us	COGCC Flowline
Young, Rob		rob.young@state.co.us	COGCC EPS
Leonard, Mike		mike.leonard@state.co.us	COGCC

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
233567	WELL	PR	10/01/2014	OW	121-05617	BLOMENKAMP 1	PR

General Comment:Routine Inspection

LocationOverall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	No labels on fiberglass tank (See attached photos).		
Corrective Action:	Install sign to comply with Rule 210.d.	Date:	04/13/2018
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 308-280-0100

Corrective Action: No corrective action but system requires me to put a date in to submit inspection.

Date: 02/12/2018

Good Housekeeping:

Type	WEEDS		
Comment:	Control weeds in skim pit area.		
Corrective Action:	Comply with Rule 603.f .	Date:	03/13/2018

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:	barbed wire		
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:	barbed wire		
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:	barbed wire		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Vertical Heater Treater	# 1		
Comment:	propane tank, shed		
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:	chemical container		
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Flow Line	# 1		
Comment:	See attached photos of saturated soil on east side of skim pit. Was previous location of a flowline leak. Verify source.		
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	electric motor, REA poles		
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	OTHER	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	no label
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:	same berms as crude oil tanks				
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	3	300 BBLS	STEEL AST		,
Comment:					
Corrective Action:					
Date:					

Paint

Condition	
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		
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Location Construction

Location ID: 233567 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: No COAs.

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:	233567	Type:	WELL	API Number:	121-05617	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR. Nov 2017 production reported to COGCC database.								
Corrective Action:								Date:	

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: pasture**1002 SITE PREPARATION AND STABILIZATION**

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND
SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? _____

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? _____

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? _____

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

Comment _____

Corrective Action _____

Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____ Date _____

Overall Interim Reclamation**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads _____ Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

1004.d. FINAL VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location ☐ Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Comment: [Stressed vegetation north of well \(see attached photos\). Form 27, #9290 is in the COGCC system concerning the erosion in this area.](#)

Corrective Action: [Contact COGCC EPS.](#)

Date: 02/19/2018

Pits: ☐ NO SURFACE INDICATION OF PIT

Type: <u>Produced Water</u>	Lined: <u>NO</u>	Pit ID:	Lat:	Long:
Reference Point: _____	Other: _____	Length: _____	Width: _____	

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Corrective Action _____

Date: g

Fencing:

Fencing Type: None Fencing Condition: _____

Comment: _____

Corrective Action _____

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Corrective Action _____

Date: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: YES

Comment: [Behind earthen dam in drainage.](#)

Corrective Action _____

Date: _____

Type: <u>Skimming/Settling</u>	Lined: <u>NO</u>	Pit ID:	Lat:	Long:
Reference Point: _____	Other: _____	Length: _____	Width: _____	

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Corrective Action _____

Date: g

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment: _____

Corrective Action _____

Date: _____

Netting:

Netting Type: Metal Grid Netting Condition: Good

Comment: _____

Inspector Name: Sherman, Susan

Corrective Action		Date:
Anchor Trench Present:	Oil Accumulation: <u>YES</u>	2+ feet Freeboard: <u>YES</u>
Comment:	Animal holes in NW corner of skim pit (see attached photos). A Form 27 is required to remediate skim pit per previous COGC EPS inspection.	
Corrective Action	Repair or install berms or other secondary containment devices per Rule 906.d.(1). Contact COGCC EPS.	Date: <u>03/13/2018</u>

Attached Documents

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

Document Num	Description	URL
688301186	Ward Blumenkamp 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4377341