

**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:

09/11/2018

Submitted Date:

09/23/2018

Document Number:

685305341**FIELD INSPECTION FORM**Loc ID 313482 Inspector Name: St John, William (Cal) On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 1375Name of Operator: LINDE INCAddress: 200 SOMERSET CORP BLVD #7000City: BRIDGEWATER State: NJ Zip: 07083**Status Summary:**

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

Findings:25 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Hughes, Jerrod	970-565-7021	jerrod.hughes@linde.com	SW Inspection Reports

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224191	WELL	PR	11/30/2007	GW	083-06256	SCHMIDT 2	PR

General Comment:[Inspection completed as routine inspection requirement.](#)[This inspection does not alleviate requirement for operator to complete any open corrective actions from previous inspections.](#)[See link at end of report for path to downloadable pictures.](#)

Location			
Lease Road:			
Type	Access		
comment:	Dirt, rock, and gravel two track road.		
Corrective Action	L		Date:
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Framed metal sign at wellhead.		
Corrective Action:			Date:
Type	CONTAINERS		
Comment:	Labels directly on containers.		
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:	Label peeling off at tank at wellhead and needs to be replaced.		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	Operator contact information posted on wellhead sign.		
Corrective Action:			Date: _____
Good Housekeeping:			
Type	DEBRIS		
Comment:	Noted at time of inspection. The debris associated with current pit and tank work. Remove and dispose of all debris at completion of work.		
Corrective Action:			Date:
Type	UNUSED EQUIPMENT		
Comment:	Noted at time of inspection unused valves, piping, and other production related equipment on location. Equipment is associated with current work all unused equipment items are to be removed at completion of work.		
Corrective Action:			Date:
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No _____			
Comment: _____			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	WELLHEAD		
Comment:	Steel post and pole barrier.		
Corrective Action:			Date:
Equipment:			
Type: Gas Meter Run		# 1	corrective date

Comment:			
Corrective Action:		Date:	
Type: Flow Line	# 2		
Comment:	In use - 3" steel line from wellhead to production equipment. All point co-located. In use - 4" steel line from production equipment to off location plant.		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Wellhead.		
Corrective Action:		Date:	
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heater Treater	# 1		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:	Combuster		
Corrective Action:		Date:	
Type: Dehydrator	# 2		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Electrical equipment.		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Telemetry equipment.		
Corrective Action:		Date:	
Type: VRT	# 2		
Comment:			
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Propane tank.		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	2	OTHER	STEEL AST		,	
Comment:	Temporary tanks in use while pit repair is being accomplished.					
Corrective Action:					Date:	

Paint

Condition	Adequate	
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Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Other	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:	Poly secondary containment for temporary tanks.			
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities									
Facility ID:	224191	Type:	WELL	API Number:	083-06256	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:		PR.							
Corrective Action:								Date:	

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

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

Land Use: _____

Comment: [Revegetation of interim reclamation area is progressing with mixed vegetation.](#)**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? Pass

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

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

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
Culverts	Pass	Ditches	Pass			
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Comment: Minor rilling noted on E/SE cut slope and N/NW fill slope. Rilling on N/NW fill slope is associated with equipment and soil movement from pit work. Ensure areas are stabilized with required BMPs as work is completed to prevent development of erosion channels in disturbed soils.

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Type: <u>Produced Water</u>	Lined: <u>YES</u>	Pit ID: _____	Lat: _____	Long: _____
Reference Point: _____	Other: _____	Length: _____	Width: _____	

Lining:Liner Type: Plastic

Liner Condition:

Comment: Pit is not currently in use. Liner replacement/repair is in work.

Corrective Action

Date: c**Fencing:**

Fencing Type:

Fencing Condition:

Comment: Fencing has been removed for pit maintenance.

Corrective Action

Date: _____

Netting:

Netting Type:

Netting Condition:

Comment: Netting has been removed for pit maintenance.

Corrective Action

Date: _____

Anchor Trench Present:

Oil Accumulation:

2+ feet Freeboard:

Comment: Work on pit is not completed.

Corrective Action

Date: _____

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

Document Num	Description	URL
685305379	Wellhead sign.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4586005
685305380	Pit maintenance.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4586006