

**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:

11/06/2018

Submitted Date:

11/06/2018

Document Number:

679701664

**FIELD INSPECTION FORM**

Loc ID 315680 Inspector Name: Moran, Rick 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: 64310  
Name of Operator: NORTHSTAR GAS COMPANY INC  
Address: PO BOX 440789  
City: HOUSTON State: TX Zip: 77244

**Findings:**

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

**ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE**

**Contact Information:**

| Contact Name       | Phone        | Email                            | Comment   |
|--------------------|--------------|----------------------------------|-----------|
| COGCC, Engineering | 303-894-2100 | dnr_cogccEngineering@state.co.us |           |
| Kellerby, Shaun    | 970-712-1248 | shaun.kellerby@state.co.us       |           |
| Pesicka, Conor     | 970-415-0789 | conor.pesicka@state.co.us        |           |
| Waldron, Emily     |              | emily.waldron@state.co.us        |           |
| McKenny, Ken       | 832-721-4775 | kkmacgas@concentric.net          | President |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 231329      | WELL | SI     | 12/07/2015  | OW         | 103-08999 | FEDERAL 16-22 | SI          |

**General Comment:**

[Follow up inspection to document 675102418](#)

| Location   |   |        |                  |
|--|---|--------|------------------|
| Overall Good: <input checked="" type="checkbox"/>      |   |        |                  |
| <b>Signs/Marker:</b>                                   |   |        |                  |
| Type   | TANK LABELS/PLACARDS  |        |                  |
| Comment:   | Sign or label not posted or information inaccurate on tanks or containers.<br>Missing NFPA label and current phone number   |        |                  |
| Corrective Action:                                     | Install sign to comply with Rule 210.d.   |        | Date: 12/07/2018 |
| Type   | WELLHEAD  |        |                  |
| Comment:   | Sign not posted or information inaccurate at well(s) or battery<br>Sign missing "nearest public road CR 2"  |        |                  |
| Corrective Action:                                     | Install sign to comply with Rule 210.b.   |        | Date: 06/27/2016 |
| <b>Emergency Contact Number:</b>                       |   |        |                  |
| Comment:   | Sign not posted or information inaccurate at well(s) or battery<br>phone number not current   |        |                  |
| Corrective Action:                                     | Install sign to comply with Rule 210.b.   |        | Date: 12/06/2018 |
| <b>Good Housekeeping:</b>                              |   |        |                  |
| Type   | WEEDS   |        |                  |
| Comment:   | Weeds around equipment and inside berm area   |        |                  |
| Corrective Action:                                     | Comply with Rule 603.f .  |        | Date: 11/20/2018 |
| Overall Good: <input type="checkbox"/>                 |   |        |                  |
| <b>Spills:</b>   |   |        |                  |
| Type   | Area  | Volume |                  |
| In Containment: No                                     |   |        |                  |
| Comment:   |   |        |                  |
| <input type="checkbox"/> Multiple Spills and Releases? |   |        |                  |
| <b>Equipment:</b>                                      |   |        |                  |
|  |   |        | corrective date  |
| Type: Other  | #   |        |                  |
| Comment:   | Well head leaking gas at casing valve   |        |                  |
| Corrective Action:                                     | Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d. |        | Date:            |
| Type: Horizontal Heated Separator                      | # 1   |        |                  |
| Comment:   | Leaking gas inside separator building   |        |                  |
| Corrective Action:                                     | Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d. |        | Date:            |
| Type: Gas Meter Run                                    | # 1   |        |                  |
| Comment:   |   |        |                  |
| Corrective Action:                                     |   |        | Date:            |
| Type: Bird Protectors                                  | # 1   |        |                  |

|                    |       |
|--------------------|-------|
| Comment:           |       |
| Corrective Action: | Date: |

**Tanks and Berms:**

| Contents           | # | Capacity | Type      | Tank ID | SE GPS                |
|--------------------|---|----------|-----------|---------|-----------------------|
| CONDENSATE         | 1 | 300 BBLs | STEEL AST |         | 40.046100,-108.936000 |
| 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      | Tank ID | SE GPS                |
|--------------------|---|----------|-----------|---------|-----------------------|
| PRODUCED WATER     | 1 | 200 BBLs | STEEL AST |         | 40.046100,-108.936000 |
| 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: 231329 Type: WELL API Number: 103-08999 Status: SI Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: No current MIT on record or delinquent as required by Rule 326  
Last recorded production July 2015. No record of prior MIT

Corrective Action: Contact [dnr\\_cogccengineering@state.co.us](mailto:dnr_cogccengineering@state.co.us) with resolution plan. 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT

**Attached Documents**

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

| Document Num | Description                 | URL   |
|--------------|-----------------------------|---|
| 679701665    | inspection 679701664 photos | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4636866">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4636866</a> |