

**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:

02/07/2019

Submitted Date:

02/13/2019

Document Number:

680304601**FIELD INSPECTION FORM**

Loc ID 313839 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 76840Name of Operator: SCHNEIDER ENERGY SERVICES INCAddress: P O BOX 889City: FORT MORGAN State: CO Zip: 80701**Status Summary:**

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

**Findings:**8 Number of Comments0 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
Schneider, Jeff	970-867-9437/ (214) 244-3819	jeff@schneiderenergy.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
225931	WELL	PR	08/01/2018	OW	087-06392	STROMSOE 1	PA

**General Comment:**P&A Day (3)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Maintain lease road until final reclamation is approved. Begin reclamation upon completion of P&A		
Corrective Action	L	Date:	

Overall Good: ☐

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Satisfactory

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

Overall Good: ☐

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

In Containment: No

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

☐ Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Other	# 0		
Comment:	Remove all production equipment upon completion of P&A. Begin surface reclamation after all equipment is removed.		
Corrective Action:		Date:	

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**Facility ID: 225931 Type: WELL API Number: 087-06392 Status: PR Insp. Status: PA**Cement**Cement ContractorContractor Name: Yetter Well ServiceContractor Phone: 970-520-2885Surface Casing

Cement Volume (sx): \_\_\_\_\_

Circulate to Surface: \_\_\_\_\_

Cement Fall Back: \_\_\_\_\_

Top Job, 1" Volume: \_\_\_\_\_

Intermediate Casing

Cement Volume (sxs): \_\_\_\_\_

Good Return During Job: \_\_\_\_\_

Production Casing

Cement Volume (sx): \_\_\_\_\_

Good Return During Job: \_\_\_\_\_

Plugging OperationsDepth Plugs(feet range): 6050'Cement Volume (sx): 2

Good Return During Job: \_\_\_\_\_

Cement Type: \_\_\_\_\_

Comment: Safety meeting w/daily work plan. Blow down well, open BOP, tried to set plug (would not set), trip out of hole, RU Wireline, set CIBP @ 6050', dump bail (2) sks cement on top CIBP, RD Wire line, trip 146 jts, seat nipple on bottom. Shut BOP and close back side, shut in well - shut down for night.

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
Gravel	In Process	Other	In Process			

Comment: [Continue BMP's throughout reclamation process.](#)

Corrective Action:

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

**Pits:** ☐ NO SURFACE INDICATION OF PIT

**COGCC Comments**

Comment	User	Date
<a href="#">P&amp;A Day (3)</a>	schureky	02/13/2019