

**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:

02/13/2019

Submitted Date:

02/15/2019

Document Number:

680304605

FIELD INSPECTION FORM

Loc ID 313839 Inspector Name: SCHURE, KYM 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: 76840
Name of Operator: SCHNEIDER ENERGY SERVICES INC
Address: P O BOX 889
City: FORT MORGAN State: CO Zip: 80701

Findings:

- 8 Number of Comments
- 0 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 (6) - P&A cementing completed - SATISFACTORY

Note to Operator: Excavate cut/cap well pipe w/description/ backfill. Remove all production equipment including flow-lines, begin reclamation process. Contact COGCC Reclamation Group for questions/directives.

Location

Lease Road:			
Type	Access		
comment:	Begin reclamation of lease road after location is cleared of O&G activity. Continue reclamation until final reclamation is approved.		
Corrective ActionL		Date:	
Overall Good: <input type="checkbox"/>			

Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	Satisfactory		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:			corrective date
Type: Other	# 0		
Comment:	Remove all production equipment from location and begin reclamation process.		
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 Contractor

Contractor Name: Yetter Well Service

Contractor Phone: 970-522-2885

Surface Casing

Cement Volume (sx): 105

Circulate to Surface: YES

Cement Fall Back: NO

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): 2+40

Good Return During Job: YES

Plugging Operations

Depth Plugs(feet range): 6050,5200,200

Cement Volume (sx): 2+40+105

Good Return During Job: YES

Cement Type: Type I&II

Comment: Safety meeting w/daily work plan. Open back side, put rig heater on BOP, BOP thawed checked/opened, trip in tubing, vacuum back side, set cement retainer @ (5100'), establish injection rate, mix/pump (40) sks cement and displace with (18) bbls., sting out/trip out tubing, establish circulation, mix/pump (105) sks cement to surface. P&A cementing completed. SATISFACTORY

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:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
P&A cementing completed. SATISFACTORY - Excavate/cut and cap w/description/backfill. Remove all production equipment from location including flow-lines, begin reclamation process on entire location. Contact COGCC Reclamation Group with any questions/directives.	schureky	02/15/2019