

**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:

02/15/2019

Submitted Date:

02/17/2019

Document Number:

688303829

**FIELD INSPECTION FORM**

Loc ID 320747 Inspector Name: Sherman, Susan On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

THIS IS A FOLLOW UP INSPECTION

FOLLOW UP INSPECTION REQUIRED

NO FOLLOW UP INSPECTION REQUIRED

**Findings:**

12 Number of Comments

0 Number of Corrective Actions

Corrective Action Response Requested

**Operator Information:**

OGCC Operator Number: 10362

Name of Operator: S & D LLC

Address: 7119 SILVER MOON LANE

City: FORT COLLINS State: CO Zip: 80525

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Kissler, David	(303) 618-6949	watkinsgrainllc@netecin.net	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
204779	WELL	SI	07/01/2018	GW	005-06864	KISSLER DAN 2-10	SI

**General Comment:**

[Routine Inspection. SI on Aug 2018, on Anadardo Third Creek gas sales line. New gas sales line being installed west of well for Extraction wells \(see attached photo\)](#)

**Location**

Overall Good:

**Signs/Marker:**

Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date:

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

Type	WELLHEAD		
Comment:	steel panels		
Corrective Action:		Date:	

**Equipment:**

Type			corrective date
Type: Plunger Lift	# 1		
Comment:	~480 psi on casing gauge, 0 psi on tubing		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	LO/TO		
Corrective Action:		Date:	
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heater Treater	# 1		

Comment: <a href="#">bermed</a>		Date:
Corrective Action:		Date:
Type: Deadman # & Marked	# 4	
Comment:		Date:
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLs	STEEL AST		,
Comment: <a href="#">enardo valve, tank is empty</a>					
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: <a href="#">lined</a>				
Corrective Action:				

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	100 BBLs	PBV FIBERGLASS		,
Comment: <a href="#">tank is empty</a>					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment: <a href="#">same berms as crude oil tank</a>				
Corrective Action:				

**Venting:**

Yes/No	
Comment:	
Corrective Action:	Date:

**Flaring:**

Type	
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Comment:		
Corrective Action:		Date:

**Location Construction**

Location ID: 204779 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: 204779 Type: WELL API Number: 005-06864 Status: SI Insp. Status: SI

**Idle Well**

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

Comment:

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

**Attached Documents**

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

Document Num	Description	URL
688303863	S & D LLC, Kissler Dan 2-10	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4737278">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4737278</a>