

**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:

06/24/2019

Submitted Date:

06/26/2019

Document Number:

688305018**FIELD INSPECTION FORM**

Loc ID 309592 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 61250Name of Operator: MULL DRILLING COMPANY INCAddress: 1700 N WATERFRONT PKWY B#1200City: WICHITA State: KS Zip: 67206-**Status Summary:**

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

Findings:13 Number of Comments2 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
Akers, Tracy	(719) 767-8805	takers@mulldrilg.com	
Sutphin, Dirk		dirk.sutphin@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
218117	WELL	PR	04/01/2018	OW	073-06102	BRAUKMANN FARMS CORP 3	SI

General Comment:[Routine Inspection](#)[Stained soil at wellhead and erosion rill on north side of well location \(see attached photos\).](#)[Contact COGCC Engineering on need for Form 4 VENT_FLARE.](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	OTHER		
Comment:	other safety signs at well and tank battery		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	OTHER		
Comment:	Stained soil at wellhead from chemical, and oil at south truck loadout and historical stuffing box leaks (see attached photos).		
Corrective Action:	"For localized spotting of oily waste - ""Properly treat or dispose of oily waste in accordance with 907.e.""	Date:	08/01/2019

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	PUMP JACK		
Comment:	wire panels		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	steel panels		
Corrective Action:		Date:	

Type	WELLHEAD		
Comment:	steel panels		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 5		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	electric		
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:	2 chemical containers		
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:	pilot on		
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:	bermed, shed		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
OTHER	1	200 BBLS	FIBERGLASS AST		,	
Comment:	vent tank					
Corrective Action:					Date:	

Paint

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

Berms

Type	Capacity		Permeability (Wall)		Permeability (Base)		Maintenance			
Earth	Adequate		Walls Sufficent		Base Sufficient		Adequate			
Comment:										
Corrective Action:									Date:	
Contents		#	Capacity	Type		Tank ID	SE GPS			
CRUDE OIL		2	400 BBLS	HEATED STEEL AST			39.024190,-103.286440			
Comment:										

Corrective Action:		Date:	
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Paint

Condition		
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:

Location Construction

Location ID: 218117 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:	218117	Type:	WELL	API Number:	073-06102	Status:	PR	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: _____									
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
Compaction	Fail					

Comment: [Erosion rill on north side of well location \(see attached photo\).](#)

Corrective Action: [Install or repair required BMPs per Rule 1002.f.](#)

Date: 08/01/2019

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
402092056	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4865462
688305037	Mull Braukmann Frams Corp 3	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4865439