

**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:

11/08/2019

Submitted Date:

11/13/2019

Document Number:

697000189

FIELD INSPECTION FORM

Loc ID 466305 Inspector Name: Welsh, Brian 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: 55098
Name of Operator: MCCOY PETROLEUM CORPORATION
Address: 9342 EAST CENTRAL
City: WICHITA State: KS Zip: 67206-

Findings:

4 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
Hampel, Scott	(316) 304-4283	scott@mccoypetroleum.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
466304	WELL	XX	07/27/2019		017-07809	ALC 1545 1-27	DG

General Comment:

[Drilling Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Dirt road through CRP		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign at edge of location		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input type="text"/>		
Corrective Action:	<input type="text"/>	Date:	<input type="text"/>

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 466304 Type: WELL API Number: 017-07809 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: Murfin 21 Pusher/Rig Manager: Juan Tinoco
Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: YES
Pressure Test BOP: _____ Test Pressure PSI: 400 Safety Plan: _____

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: _____ Disposal Location: _____

Comment: Making connection at 1816' at time of inspection

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	Pass	Covering Materials	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Reserve Lined: NO Pit ID: Lat: 38.712180 Long: -102.426810

Reference Point: SE Other: _____ Length: _____ Width: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment:

Corrective Action

Date: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment:

Corrective

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment:

Corrective Action

Date: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Comment:

Corrective Action

Date: _____

Type: Water Fresh Lined: YES Pit ID: Lat: 38.712190 Long: -102.427190

Reference Point: SE Other: _____ Length: 80 Width: 40

Lining:

Liner Type: Plastic Liner Condition: Adequate

Comment:

Corrective Action

Date: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment:

Corrective Action

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment:		Date:
Corrective		
Anchor Trench Present:	Oil Accumulation: <u>NO</u>	2+ feet Freeboard: <u>YES</u>
Comment:		Date:
Corrective		