

FORM
INSPRev
X/20State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

02/02/2021

Submitted Date:

02/11/2021

Document Number:

700405288

FIELD INSPECTION FORM

 Loc ID: 336392
 Inspector Name: Moran, Rick
 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: 200502
 Name of Operator: 31 OPERATING
 Address: 3021 RIDGE RD #156
 City: ROCKWALL State: TX Zip: 75032
Findings:

- 13 Number of Comments
- 3 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
Freeman, Kris	254-717-0435	kfreeman@31operating.com	
Boulger, Levin		lboulger@31operating.com	
Thompson, Bud		BLThomps@BLM.gov	
Ikenouye, Teri		teri.ikenouye@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
232246	WELL	PR	10/16/2003	GW	103-09917	WRD UNIT 29-31	SI
439963	WELL	PR	01/21/2015	OW	103-12170	WRD FEDERAL 30-34D	SI

General Comment:

A follow up inspection of FIR documents:

- 1) 700702073 dated 12-28-2020.

The following compliance issues are uncompleted:

- 1) Debris on location. Photos 1 to 5. Complete by 2-1-2021.

Additional compliance issues:

- 1) Submit Form 7 to report current well status & volumes. Complete by 2-25-2021.
 2) One tank label incomplete. Photo 7. Complete by 4-12-2021.

This is a summary of inspection report 700405288.

Location

Overall Good:

Signs/Marker:

Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	One tank label incomplete.		
Corrective Action:	Provide legible tank label.	Date:	04/12/2021
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 911

Corrective Action:

Date: _____

Good Housekeeping:

Type	DEBRIS		
Comment:	Debris on location.		
Corrective Action:	Remove debris.	Date:	02/01/2021

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment: _____

Multiple Spills and Releases?

Equipment:

Type			corrective date
Type: Gas Meter Run	# 2		
Comment:	Telemetry.		
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 2		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Bradenhead access.		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		

Comment:		Date:	
Corrective Action:		Date:	
Type: Plunger Lift	# 2		
Comment:		Date:	
Corrective Action:		Date:	
Type: Ancillary equipment	# 4		
Comment:	Chemical container.	Date:	
Corrective Action:		Date:	
Type: Bird Protectors	# 4		
Comment:		Date:	
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		
Comment:	Fluid in lower 3' of south tank as imaged by FLIR.				
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient		Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	300 BBLs	STEEL AST		
Comment:	Fluid / frozen water in lower 3' of south tank as imaged by FLIR.				
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient		Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 232246 Type: WELL API Number: 103-09917 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Last reported monthly operations were for June 2020. Report past due monthly operations & volumes. Last reported production June 2020.

Corrective Action: Submit required Form 7(s) to COGCC. Date: 02/25/2021

Facility ID: 439963 Type: WELL API Number: 103-12170 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Last reported monthly operations were for June 2020. Report past due monthly operations & volumes. Last reported production June 2020.

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
Ditches		Culverts		Material Handling And Spill Prevention		

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

