

**FORM
INSP**Rev
X/20

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:

02/02/2021

Submitted Date:

02/11/2021

Document Number:

700405288**FIELD INSPECTION FORM**
 Loc ID 336392 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 200502Name of Operator: 31 OPERATINGAddress: 3021 RIDGE RD #156City: ROCKWALL State: TX Zip: 75032**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**13 Number of Comments3 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.

LocationOverall 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:**

			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:		

Inspected FacilitiesFacility 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: 8" of snow on location.

Corrective Action:

Date: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Optical Gas Imaging SurveySurvey Type: RoutineCurrent Operations: ☐ Production ☐ Workover ☐ Flowback ☐ Referred to APCD

GPS(entrance of location): Lat: _____ Long: _____

Wind: Light Speed: _____ (mph) Direction From: _____ Weather: _____ Temperature: (F)

Assisting Staff: _____ Camera #: _____

☐ Visible Smoke ☐ Referred to CDPHE

Times Surveyed

Equipment Surveyed

Time Survey Start	AM/PM	Time Survey End	AM/PM
2:15	PM	2:20	PM

Equipment
Water Tank(s)
Oil Tank(s)

Comment: FLIR camera used to image potential fluid levels in tanks.

Corrective

Date:

Action:

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

Document Num	Description	URL
700405289	inspection photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5350942