

**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:

09/21/2022

Submitted Date:

09/28/2022

Document Number:

688313166

**FIELD INSPECTION FORM**Loc ID 317067 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**

OGCC Operator Number: 14855

Name of Operator: CENTRAL OPERATING INC

Address: 1600 BROADWAY STE 1050

City: DENVER State: CO Zip: 80202

**Status Summary:**

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

**Findings:**

15 Number of Comments

2 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        |
|----------------|------------|-------------------------------|----------------|
| Potter, Gail   |            | centraloperatinginc@gmail.com | Office manager |
| Staley, Conner | 3038949576 | coidenverproduction@gmail.com |                |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 235628      | WELL | PR     | 02/01/2021  | OW         | 121-08118 | STATE 1       | SI          |

**General Comment:**

Routine Field Inspection

400 bbl PW tank is leaking at bottom valve and has run down the hill in containment (see attached photo).

**Location**Overall Good: ☒

|                      |   |       |  |
|----------------------|---|-------|--|
| <b>Signs/Marker:</b> |   |       |  |
| Type                 | WELLHEAD  |       |  |
| Comment:             | on ground   |       |  |
| Corrective Action:   |   | Date: |  |
| Type                 | OTHER   |       |  |
| Comment:             | sign for oil haulers at loadout   |       |  |
| Corrective Action:   |   | Date: |  |
| Type                 | TANK LABELS/PLACARDS  |       |  |
| Comment:             | contents and quantity labels on tanks need maintenance (see attached photo) |       |  |
| Corrective Action:   |   | Date: |  |

Emergency Contact Number:

Comment: 303-894-9576

Corrective Action:

Date: \_\_\_\_\_

**Good Housekeeping:**

|                    |  |       |  |
|--------------------|--|-------|--|
| Type               | OTHER  |       |  |
| Comment:           | Stained soil at wellhead (see attached photo). |       |  |
| Corrective Action: |  | Date: |  |

Overall Good: ☐

|                |      |        |  |
|----------------|------|--------|--|
| <b>Spills:</b> |      |        |  |
| Type           | Area | Volume |  |

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

|                    |           |       |  |
|--------------------|-----------|-------|--|
| Type               | PUMP JACK |       |  |
| Comment:           |           |       |  |
| Corrective Action: |           | Date: |  |

**Equipment:**

|                               |                      |       |                 |
|-------------------------------|----------------------|-------|-----------------|
|                               |                      |       | corrective date |
| Type: Bradenhead              | # 1                  |       |                 |
| Comment:                      |                      |       |                 |
| Corrective Action:            |                      | Date: |                 |
| Type: Emission Control Device | # 1                  |       |                 |
| Comment:                      | not on, not required |       |                 |
| Corrective Action:            |                      | Date: |                 |
| Type: Deadman # & Marked      | # 4                  |       |                 |
| Comment:                      |                      |       |                 |
| Corrective Action:            |                      | Date: |                 |

|                               |          |  |       |
|-------------------------------|----------|--|-------|
| Type: Pump Jack               | # 1      |  |       |
| Comment:                      |          |  |       |
| Corrective Action:            |          |  | Date: |
| Type: Vertical Heater Treater | # 1      |  |       |
| Comment:                      |          |  |       |
| Corrective Action:            |          |  | Date: |
| Type: Prime Mover             | # 1      |  |       |
| Comment:                      | electric |  |       |
| Corrective Action:            |          |  | Date: |
| Type: Bird Protectors         | # 5      |  |       |
| Comment:                      |          |  |       |
| Corrective Action:            |          |  | Date: |

**Tanks and Berms:**

|                    |                       |          |                |         |        |       |
|--------------------|-----------------------|----------|----------------|---------|--------|-------|
| Contents           | #                     | Capacity | Type           | Tank ID | SE GPS |       |
| PRODUCED WATER     | 1                     | 200 BBLs | FIBERGLASS AST |         | ,      |       |
| Comment:           | Needs quantity label. |          |                |         |        |       |
| Corrective Action: |                       |          |                |         |        | Date: |

**Paint**

|                  |  |  |
|------------------|--|--|
| Condition        |  |  |
| Other (Content)  |  |  |
| Other (Capacity) |  |  |
| Other (Type)     |  |  |

**Berms**

|                    |  |                     |                     |             |        |  |
|--------------------|--|---------------------|---------------------|-------------|--------|--|
| Type               | Capacity   | Permeability (Wall) | Permeability (Base) | Maintenance |        |  |
| Earth              |  |                     |                     |             |        |  |
| Comment:           |  |                     |                     |             |        |  |
| Corrective Action: |  |                     |                     |             |        |  |
| Date:              |  |                     |                     |             |        |  |
| Contents           | #  | Capacity            | Type                | Tank ID     | SE GPS |  |
| PRODUCED WATER     | 1  | 400 BBLs            | FIBERGLASS AST      |             | ,      |  |
| Comment:           | Mechanical conditions at bottom tank valve need repair. Operator was called on 9/21/2022-well was to be SI. Pumper will drain tank and fix.  |                     |                     |             |        |  |
| Corrective Action: | Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e. |                     |                     |             |        |  |
| Date:              | 10/20/2022   |                     |                     |             |        |  |

**Paint**

|                  |  |  |
|------------------|--|--|
| Condition        |  |  |
| Other (Content)  |  |  |
| Other (Capacity) |  |  |
| Other (Type)     |  |  |

**Berms**

|      |          |                     |                     |             |
|------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|      |          |                     |                     |             |

Inspector Name: Sherman, Susan

|                    |   |          |           |         |        |
|--------------------|---|----------|-----------|---------|--------|
| Earth              |   |          |           |         |        |
| Comment:           |   |          |           |         |        |
| Corrective Action: |   |          |           |         | Date:  |
| Contents           | # | Capacity | Type      | Tank ID | SE GPS |
| CRUDE OIL          | 2 | 300 BBLs | STEEL AST |         | ,      |
| Comment:           |   |          |           |         |        |
| Corrective Action: |   |          |           |         | Date:  |

**Paint**

|                  |  |
|------------------|--|
| Condition        |  |
| Other (Content)  |  |
| Other (Capacity) |  |
| Other (Type)     |  |

**Berms**

|                    |  |                     |                     |                  |
|--------------------|--|---------------------|---------------------|------------------|
| Type               | Capacity   | Permeability (Wall) | Permeability (Base) | Maintenance      |
| Earth              |  |                     |                     | Inadequate       |
| Comment:           | Repair animal holes and low spot at loadout.                                       |                     |                     |                  |
| Corrective Action: | Repair or install berms or other secondary containment devices per Rule 912.d.(1). |                     |                     | Date: 10/20/2022 |

**Wells Served By Facilities Above**

**AirsID**

|            |
|------------|
| API Number |
| 121-08118  |
| 121-08988  |

|            |        |
|------------|--------|
| API Number | AirsID |
|------------|--------|

**Venting:**

|                    |    |  |       |
|--------------------|----|--|-------|
| Yes/No             | NO |  |       |
| Comment:           |    |  |       |
| Corrective Action: |    |  | Date: |

**Flaring:**

|                    |       |
|--------------------|-------|
| Type               |       |
| Comment:           |       |
| Corrective Action: | Date: |

**Location Construction**

Location ID: 235628 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: 235628 Type: WELL API Number: 121-08118 Status: PR Insp. Status: SI**Producing Well**Comment: pr 7/1/2022 production is reported to COGCC database.

Corrective Action:

Date:

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: \_\_\_\_\_

Comment: Well was SI for tank leak per operator.

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NOPit ID: Lat: Long: Reference Point: Other: Length: Width: **Lining:**Liner Type: Liner Condition: Comment: Corrective Date: **Fencing:**Fencing Type: NoneFencing Condition: Comment: Corrective Date: **Netting:**Netting Type: Netting Condition: Comment: Corrective Date: Anchor Trench Present: Oil Accumulation: NO2+ feet Freeboard: YESComment: Corrective Date: Type: Produced WaterLined: NOPit ID: Lat: Long: Reference Point: Other: Length: Width: **Lining:**Liner Type: Liner Condition: Comment: Corrective Date: **Fencing:**Fencing Type: NoneFencing Condition: Comment: Corrective Date: **Netting:**Netting Type: Netting Condition: Comment:

Inspector Name: Sherman, Susan

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

### **Attached Documents**

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

| Document Num | Description               | URL   |
|--------------|---------------------------|---|
| 688313183    | Central Operating State 1 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5872957">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5872957</a> |